

EXHIBIT C – Income Self-Certification

First name _____ Last name _____ Date _____
 Address _____ City _____ Zip Code _____
 Phone number _____ Date of birth _____ Age _____ Gender Male Female

Please answer all questions below -

Race (you must choose one):

White Native Hawaiian or Pacific Islander American Indian/Alaska Native & White
 Black or African American Black/African American & White Asian & White
 Asian American Indian/Alaska Native & Black/African American
 American Indian/Alaska Native Other multi-racial Prefer not to answer

Ethnicity (you must choose one):

Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Female head of household Yes No **Participant is disabled** Yes No

Family income: Calculation of family income includes gross wages, salaries, unemployment insurance, disability or SSI, Social Security, pensions, child support, Temporary Assistance for Needy Families (TANF) and any other source of income **for all family members 18 years of age and older.**

Family income table: Circle the **number of persons** in your household and based on your **household annual income**, circle the closest income limit in one of the categories below. For example, a family of four who earns \$30,000 a year will circle “\$30,080” under the “50% of AMI and below” category.

2021-2022 Income Limits (based on Area Median Income)

Household size	30% of AMI and below	50% of AMI and below	60% of AMI and below	80% of AMI and below
1	\$14,450	\$24,050	\$28,560	> \$38,450
2	\$16,500	\$27,450	\$32,940	> \$43,950
3	\$18,550	\$30,900	\$37,080	> \$49,450
4	\$20,600	\$34,300	\$41,160	> \$54,900
5	\$22,250	\$37,050	\$44,460	> \$59,300
6	\$23,900	\$39,800	\$47,760	> \$63,700
7	\$25,550	\$42,550	\$51,060	> \$68,100
8	\$27,200	\$45,300	\$54,360	> \$72,500

Community Development Block Grant is a federal funding program to support lower income households. This agency requires all program participants to give us information on income and family size in order to qualify for services. You must complete this self-certification stating that the information you provide is true to the best of your knowledge. All information will be confidential and no information will be released without your written consent. “I certify that all information provided on this application is true to the best of my knowledge. I also understand that I will provide verification of income if requested and that my income information may be subject to random sampling for statistical reporting purposes.”

Print name (applicant) _____ Signature _____ Date _____

Print name (parent/guardian if applicant is a minor) _____ Signature _____ Date _____

CWD staff reviewer _____ Staff signature _____