

Community Development Block Grant (CDBG) Program Participant Self Certification Form

This program is funded by the Community Development Block Grant (CDBG), which is provided by the federal Department of Housing and Urban Development. Your answers to the following questions are voluntary. You will not be eliminated from the program if you do not complete the form. However, the information on the form will help us maintain the federal funds that support the program. It is not necessary to sign your name.

Directions: Please indicate the number of persons in your household, and then **check the box** that contains the amount of annual household income. **INCOME** is defined as the total annual income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your household size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

HH of 1:	<input type="checkbox"/> \$0 - \$16,650	<input type="checkbox"/> \$16,651 - \$27,750	<input type="checkbox"/> \$27,751 - \$44,350	<input type="checkbox"/> \$44,351+
HH of 2:	<input type="checkbox"/> \$0 - \$19,000	<input type="checkbox"/> \$19,001 - \$31,700	<input type="checkbox"/> \$31,701 - \$50,700	<input type="checkbox"/> \$50,701+
HH of 3:	<input type="checkbox"/> \$0 - \$21,400	<input type="checkbox"/> \$21,401 - \$35,650	<input type="checkbox"/> \$35,651 - \$57,050	<input type="checkbox"/> \$57,051+
HH of 4:	<input type="checkbox"/> \$0 - \$23,750	<input type="checkbox"/> \$23,751 - \$39,600	<input type="checkbox"/> \$39,601 - \$63,350	<input type="checkbox"/> \$63,351+
HH of 5:	<input type="checkbox"/> \$0 - \$25,650	<input type="checkbox"/> \$25,651 - \$42,800	<input type="checkbox"/> \$42,801 - \$68,450	<input type="checkbox"/> \$68,451+
HH of 6:	<input type="checkbox"/> \$0 - \$27,550	<input type="checkbox"/> \$27,551 - \$45,950	<input type="checkbox"/> \$45,951 - \$73,500	<input type="checkbox"/> \$73,501+
HH of 7:	<input type="checkbox"/> \$0 - \$29,450	<input type="checkbox"/> \$29,451 - \$49,150	<input type="checkbox"/> \$49,151 - \$78,600	<input type="checkbox"/> \$78,601+
HH of 8:	<input type="checkbox"/> \$0 - \$31,350	<input type="checkbox"/> \$31,351 - \$52,300	<input type="checkbox"/> \$52,301 - \$83,650	<input type="checkbox"/> \$83,651+

Please check your Ethnicity: Hispanic or Latino Non-Hispanic / Non-Latino

Please check your Race (pick as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black or African American | |

DO NOT WRITE BELOW THIS LINE; TO BE COMPLETED BY STAFF MEMBER ONLY

L/M Classification:

Extreme: _____
 Low: _____
 Mod: _____
 Non-L/M _____

 Initials of Organization Staff Member

 Date