HOUSEHOLD INCOME VERIFICATION FORM

TO PROJECT AREA RESIDENT:

As you may know, you stand to benefit from a federally funded project in your neighborhood. In order to comply with federal requirements, we need to verify that persons benefitting from the project meet the standards set for income limits.

Please complete the blanks.

1. Name of Head of Household: _____ 2. Age: _____

3. Address: _____
(Street Address, City, County, State, Zip code)

4. Total Number of Persons in Household: _____

5. Racial/Ethnic Makeup of Household:

____ Number of White/Caucasian

____ Number of African-American/Black

____ Number of Asian

____ Number of American Indian/Alaskan Native

____ Number of Native Hawaiian/Other Pacific Islander

____ Number of American Indian/Alaskan Native & White/Caucasian

____ Number of American Indian/Alaskan Native & African American /Black

____ Number of Asian & White/Caucasian

____ Number of African-American/Black & White/Caucasian

____ Number of Other Multi-Racial

____ Number of Hispanic

6. Gender of the Head of Household: _____ Male _____ Female

7. Number of Persons in Household with a disability: _____ 8. Number of Dependents: _____

9. Number of Persons in Household over age 62: _____

10. Total Annual Household Income: _____

CERTIFICATION BY RESIDENT

I hereby certify that all information on this form and all information furnished in support of this certification is given for the purpose of obtaining assistance under the _____Community Development Block Grant and is true and complete to the best of my belief and knowledge.

_____ _____
(Date) *(Resident's Signature)*