

Public Service Program Self-Certification of Income

Name of Activity:

Agency/Department:

Name of Participant/Beneficiary _____

This Public Service Program is funded with Community Development Block Grant (CDBG funds) through the U.S. Housing and Urban Development (HUD) and is subject to federal data collection and income requirements.

Instructions

- **Part I** – Completed by the participant/beneficiary.
- **Part II** – Completed by the participant/beneficiary. After completing Part I and II, the person filling out the form must read the legal certification language, sign, and date the form.
- **Part III** – Completed by Program staff and certifies that either: 1) the participant/beneficiary identified in Part I, as certified in Part II, is at or below HUD's 80% income limit based on household size and current income limits, as stated in the most recently HUD published income limits, or 2) that the participant/beneficiary was not eligible and that no assistance was provided.

Part I: Confidential Participant / Beneficiary HUD Demographic Information (This section is voluntary)		
Ethnicity (Select One)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race	(Select One)	
White	<input type="checkbox"/>	
Black/African American	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	
American Indian/Alaskan Native	<input type="checkbox"/>	
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	
American Indian/Alaskan Native & White	<input type="checkbox"/>	
Asian & White	<input type="checkbox"/>	
Black/African American & White	<input type="checkbox"/>	
American Indian/Alaskan & Black African American	<input type="checkbox"/>	
Other Multi-Racial	<input type="checkbox"/>	

Part II: Confidential Participant / Beneficiary Income Certification
<p>My total family size consists of _____ members, and the total gross annual income* for all adult members are \$_____.</p> <p><i>*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., <u>but does not</u> include the income of live-in aids).</i></p> <p>I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal funds, which may include immediate repayment of all federal funds received. I understand that the information on this form is subject to verification as part of compliance monitoring.</p>

Participant / Beneficiary Information:	
Signature: _____ <i>Parent signature required if program participant is under 18 years of age</i>	Date: _____
Name (print): _____	
Physical Home Address: _____	Zip Code: _____

**Part III: Confidential Participant / Beneficiary Program Certification
(This section must be completed by program staff)**

Public Service Information

Name of Public Service:

Name of Agency/Department providing the service:

Address of Public Service Activity:

Program Service Area (Mark the appropriate box below):

Dickey Fink White Frank H. Ball Holmes Lafayette Quigley Romain Sunset Ted C. Wills Einstein

Participant / Beneficiary Family Income and Location Verification

To comply with CDBG regulations this program is restricted to low to moderate income participants/beneficiaries. Program staff must use the most recent income limits to verify income eligibility. HUD releases income guidelines each February. Please contact the CDBG office for the current income limits.

Effective Date of the Income Limit Chart being used: _____

- Family is:
- 30% or less (Extremely Low Income)
 - 31% - 50% (Low Income)
 - 51% - 80% (Moderate Income)
 - Over 80% of median income **NOT ELIGIBLE**

Program Staff must:

- 1) Print the current income limits for each self-certification form; and
- 2) Circle the applicable family size and annual income on the income limit printout; and
- 3) Include the copy of the circled income limit printout in the program's applicant file; and
- 4) Complete the confidential demographic data, if participant leaves blank.

Name of Participant / Beneficiary: _____

Physical Home Address is: Within Service Area Outside Service Area

NOTE: A significant number of program participants/beneficiaries must reside in the program service area.

Program Staff Certification:

I certify that the Participant/Beneficiary demographic data and public service information is true and correct, to the best of my knowledge. I certify that, using the current HUD annual income publication compared to the stated family size and income, the income level shown above is true and correct.

NOTE:

This completed certification, whether Participant/Beneficiary was assisted or not, must be maintained in the CDBG Program file for review at the time of monitoring.

Name of Program Staff Completing Certification (print)

Job Title

Signature

Date

HUD INCOME LIMITS TABLE

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
0-30% AMI	11,500	13,150	14,800	16,400	17,750	19,050	20,350	21,650
31-50% AMI	19,150	21,900	24,650	27,350	29,550	31,750	33,950	36,150
51-80% AMI	30,650	35,000	39,400	43,750	47,250	50,750	54,250	57,750

Effective until the next HUD income publication, February 2015