## COMMUNITY DEVELOPMENT BLOCK GRANT FUNDED PROGRAMS *Updated 3/2021*

SELF-CERTIFICATION FORM

1. Where is your principal residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address Town

2. How many persons are in your household? \_\_\_\_\_\_\_\_\_\_\_

3. Are you a single-parent head of household with dependent minor children living with you? Yes No

4. If yes to # 3, please circle your gender. Male Female

5. Is anyone in your household disabled or handicapped? Yes No If yes, how many? \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 person | $0 - $20,650 \_\_ |  | 5 persons | $0 - $31,850\_\_ |
|  | $20,651 – 34,400 \_\_ |  |  | $31,851 – 53,050 \_\_ |
|  | $34,401 - 54,950 \_\_ |  |  | $53,051 – 84,800 \_\_ |
|  | over $$54,950 \_\_ |  |  | over $84,800\_\_ |
| 2 persons | $0 - $23,600 \_\_ |  | 6 persons | $0 - $35,160\_\_ |
|  | $23,601 – 39,300 \_\_ |  |  | $35,161 – 57,000 \_\_ |
|  | $39,301 – 62,800 \_\_ |  |  | $57,001 – 91,100 \_\_ |
|  | over $62,800 \_\_ |  |  | over $91,100\_\_ |
| 3 persons | $0 - $26,550\_\_ |  | 7 persons | $0 - $39,640 \_\_ |
|  | $26,551 – 44,200 \_\_ |  |  | $39,641 – 60,900 \_\_ |
|  | $44,201 – 70,650 \_\_ |  |  | $60,901 – 97,350 \_\_ |
|  | over $70,650 \_\_ |  |  | over $97,350\_\_ |
| 4 persons | $0 - $29,450 \_\_ |  | 8 persons | $0 - $44,120\_\_ |
|  | $29,451 – 49,100 \_\_ |  |  | $44,121 – 64,850 \_\_ |
|  | $49,101 – 78,500 \_\_ |  |  | $64,851 – 103,650\_\_ |
|  | over $78,500\_\_ |  |  | over $103,650\_\_ |

1. Which of the following categories most nearly approximates the annual household income in the home where you currently reside? (Please check the appropriate line based on your household’s size).
2. Please provide the number of persons living in your household who are part of the following demographic group(s):

Race

White \_\_\_

Black/African-American \_\_\_

Asian \_\_\_

American Indian/Alaskan Native \_\_\_

Native Hawaiian/Pacific Islander \_\_\_

American Indian/Alaskan Native and White \_\_\_

Asian and White \_\_\_

Black/African-American and White \_\_\_

American Indian/Alaskan Native and Black/African American \_\_\_

Other Race(s) \_\_\_

Hispanic/Latino (total number of persons of any race(s)) \_\_\_

Elderly (total number of persons aged 60 or over) \_\_\_

*I (WE) CERTIFY THAT THE ABOVE INFORMATION REGARDING MY (OUR) INCOME IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE.*

Applicant Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this survey. This information will be held confidentially and used only for CDBG compliance records.