

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? _____
6. 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).

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 ___

7. 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 _____