

MAYOR'S OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Form G: Suggested Beneficiary Income Certification Form

- INSTRUCTIONS TO INTERVIEWER:** You may certify applicants' income using one of the following two methods:
1. Use HUD presumed low/moderate-income categories if you have referral or assessment information available in client file (see box below).
 2. Use this form to verify household income. The interviewer should match the client's income to the highest level in the income table below under the corresponding household size, and circle the appropriate box. *For example, if a family has an income of \$60,700 and there are five household members, you would circle income level \$61,050 (low income) under household size "5 persons".* **This Client Beneficiary Income Certification Form must be kept on file at the Agency for a minimum of four years.**

Client Name: _____

Address: _____ San Francisco, CA Zip Code _____

Phone #: _____ Birth Date: _____ Gender: Male Female

Race & Ethnicity: Please select race and ethnicity as appropriate.
 White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian & White
 Black/African American & White American Indian/Alaskan Native & Black/African American
 Other Multi-Racial Check here if also Hispanic

Household Type:
 Single Female Headed Household Single Male Headed Household Dual Headed Household

of persons living in your home/household? _____ Total annual income of all persons in household: \$ _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/MOCDD officials.
SIGNATURE:(of client) _____ **DATE:** _____

Verifying Annual Income Level by Household Size

Household of	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	23,750	27,150	30,550	33,950	36,650	39,350	42,050	44,800
Low Income	39,600	45,250	50,900	56,550	61,050	65,600	70,100	74,650
Moderate Income	63,350	72,400	81,450	90,500	97,700	104,950	112,200	119,450
Above Moderate Income	>63,350	>72,400	>81,450	>90,500	>97,700	>104,950	>112,200	>119,450

Income limits for families with more than eight persons are not included because of space limitations. For each person in excess of eight, 8 percent of the four-person base should be added to the eight-person income limit. (For example, the nine-person limit equals 140 percent [132 + 8] of the relevant four-person income limit.) Round income limits to the nearest \$50.

Interviewer: *Please certify the income level of the client below and indicate the source of information used to verify this information. A copy of this source document must be attached to this form.*

This applicant is certified as extremely low- low- moderate-income as verified by the following:

TANF Food Stamps Medi-CAL JTPA Tax Return (most recent return)

SSI** Payroll Stub** Other (i.e. public housing/foster care)** Self

(**current-within 2 months)

Signature (of staff interviewer): _____ Print Name: _____ Date: _____