

# Certification Form

Participant Name: _____		Student? F/T__ or P/T__	Age: _____
Co- Participant Name: _____		Student? F/T__ or P/T__	Age: _____
Current Address: _____		Relocate/New Address: _____	
Assistance requested for: Security Deposit ____ Rent / Mortgage ____ Public Service Agency ____			
Total Number of Person(s) in the Household? [    ]		Number of Children under the Age of 18? [    ]	
Female Headed Household? Yes ____ No ____		Male [    ] Female [    ]	
Number of Persons 62 years of Age or Older: [    ]		Household with Disabled Person: [    ]	
Are you a U. S. Citizen or U.S. Permanent Resident Card holder? Yes ____ No ____			
Do you receive a HUD Housing Choice Voucher? Yes ____ No ____			
Have you received CARES Act funds for a housing expense? If yes, please give date and expense type. _____ _____			
Please provide household member information. Additional member information can be written on the back of the form.			
Household Member Name _____		Student? F/T__ or P/T__	Age: _____
Household Member Name _____		Student? F/T__ or P/T__	Age: _____
Household Member Name _____		Student: F/T__ or P/T__	Age: _____
Household Member Name _____		Student F/T__ or P/T__	Age: _____

## Household Ethnicity (Check one box).

- |   |  |
|---|--|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Hispanic/Latino                                   |
| <input type="checkbox"/> African American                       | <input type="checkbox"/> Asian   |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> American Indian/Alaskan Native & African American |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander            |
| <input type="checkbox"/> Other or Multi-Ethnic                  |  |

## Household Annual Income Certification (Check one box).

Please combine Annual Adjusted Gross Income (AGI) before deductions for each household member over 18 years of age. Do not include Full-time student income.

Range of Total Household Income (Check one box)	<u>HUD Income Limits by Household Size</u> Based on 80%, 50%, 30% Area Median Income 4/26/22
<input type="checkbox"/>	\$0 to \$34,100
<input type="checkbox"/>	\$34,101 to \$39,600
<input type="checkbox"/>	\$39,601 to \$56,800
<input type="checkbox"/>	\$56,801 to \$62,600
<input type="checkbox"/>	\$62,601 to \$89,400
<input type="checkbox"/>	\$89,401 to \$118,050

**Summary of Need** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION:

On behalf of my/our household, I/we hereby certify the information provided is complete and correct to the best of my/our knowledge.

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

The information on this form is confidential and will not be shared with an agency other than the Grant Administrator for the Milford Department of Economic & Community Development. This data is used to assist the organization to meet its program eligibility and ensure the CDBG funds are expended by the organization to assist low and moderate-income individuals and families.

Department of Economic & Community Development  
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