

PY45 Household Certification Form (4/22/20)

Participant Name: _____	[] Male [] Female
Address _____	
Number of Person(s) in the Household: []	Number of Children under the Age of 18: []
Female Headed Household Yes _____ No _____	
Number of Persons 62 years of Age or Older: []	Household with Disabled Person: []
U. S. Citizen? Yes _____ No _____ If no, please advise immigration status _____	
Student Status of Household Members Age 18 and Older.	
Household Member Name _____	F/T__ or P/T __ Student Age: _____
Household Member Name _____	F/T__ or P/T __ Student Age: _____
Household Member Name _____	F/T__ or P/T __ Student Age: _____

Please Provide Household Race/Ethnicity (*Check one per household*).

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

Household Income

The program participant checks the income level that meets, but does not exceed, the total household adjusted gross income (AGI). A household income includes persons related, and unrelated, over the age of 18 and living in the home for 6 months or more. The program manager may request additional income documentation when required.

Range of Total Household Income (Check one box)	HUD Income Limits by Household Size Based on 80%, 50%, 30% Area Median Income 4/22/20
	\$1,020 to \$12,000
	\$12,001 to \$22,750
	\$22,751 to \$32,450
	\$32,451 to \$37,899
	\$37,900 to \$54,100
	\$54,101 to \$78,500
	\$78,501 to \$103,650

CERTIFICATION:

I / We hereby certify that the information on this form is complete and correct to the best of my knowledge.

Participant Signature _____ Date _____

Participant Signature _____ Date _____

This information is required to receive Federal funds to assist this organization to continue to offer this program or activity. The information on this form is confidential and will not be shared with an agency other than the Grantor, the Department of Community Development, which regulates use of Community Development Block Grant funds for the City of Milford. This information is used to determine program eligibility and the statistical information of the participant to ensure that CDBG funds assist low and moderate-income individuals and families.