**\_[GRANTEE/UGLG NAME] \_ CDBG GRANT AGREEMENT # [CDBG Agreement #]**

**[PROGRAM/PROJECT NAME]**

**CLIENT INCOME CERTIFICATION FORM**

The [UGLG Name] [CDBG Project/Program Name] is funded by the Community Development Block Grant (CDBG) Program. For the [UGLG Name] to qualify for this funding, the information requested below must be collected for all program clients. **This information is strictly confidential** and only reported to the required funding and regulating entities for program qualification purposes. Individual/family personal identifying information is not released to the public.

**Client annual income information at the time of entry into the program:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FAMILY INCOME INFORMATION** | | | | | |
| * **Circle** your family size in the far left column. * If your family income is at or below the Annual Family Income Level shown for your family size, then enter **“X”** in the **AT or BELOW** **column.** * If your family income is above the Annual Family Income Level shown for your family size, then enter **“X”** in the **ABOVE** **column.** * Family income includes the annual income for ***all*** family members living in your household. | | | | | |
| **FAMILY SIZE** | **ANNUAL FAMILY INCOME LEVEL** | | **AT or BELOW** | | **ABOVE** |
| 1 | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 1] | |  | |  |
| 2 | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 2] | |  | |  |
| 3 | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 3] | |  | |  |
| 4 | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 4] | |  | |  |
| 5 | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 5] | |  | |  |
| 6 | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 6] | |  | |  |
| 7 | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF 7] | |  | |  |
| 8 or More | $[ADD COUNTY INCOME LIMIT FOR FAMILY SIZE OF =/+8] | |  | |  |
| **FAMILY RACE/ETHNICITY INFORMATION**  **Enter the race/ethnicity information for all family members or select the “Prefer Not to Answer” option below.** | | | | | |
|  | | **Number in Family with Race/Ethnicity Shown on the Left:** | | **Number in Family with Race/Ethnicity Shown on the Left Who are Hispanic:** | |
| White | |  | |  | |
| Black/African American | |  | |  | |
| Asian | |  | |  | |
| American Indian/ Alaskan Native | |  | |  | |
| Native Hawaiian/ Pacific Islander | |  | |  | |
| Amer. Indian/ Alaskan Native & White | |  | |  | |
| Asian & White | |  | |  | |
| Black/African Amer. & White | |  | |  | |
| Amer. Indian/ Alaskan Nat. & Black/ African Amer. | |  | |  | |
| Other Multi-Racial | |  | |  | |
| Prefer Not To Answer | |  | |  | |

Client Printed Full Name: Program Entry Date:

Client Signature: Signature Date:

***Client Income Certification Form Instructions for Program Administrator:***

*Enter the information in the* ***YELLOW*** *highlighted fields above. Obtain current income limits on the HUD Income Limits website at:* [***https://www.huduser.gov/portal/datasets/il.html***](https://www.huduser.gov/portal/datasets/il.html)***.*** *[The income limits in effect (per the “Effective Date” listed on the HUD Income Limits website for the year selected) at the time of the client’s entry into the program and for the “Low (80%)” Income Limits for the county in which the program is operating must be entered in the table above on this form. The income limits are updated annually by HUD, typically released in March or April. Check the website regularly for updates.]*