

**Community Development Block Grant- Coronavirus Response Program
Food Assistance Program
Self-Certification of Annual Income**

INSTRUCTIONS:

Please complete one form and include the requested information for all persons in the household. Complete an additional form if the applicant needs more space. The adult head of household must sign and date the form.

PART I: ELIGIBILITY

CDBG-CV funded activities are limited to income eligible families whose annual income does not exceed 80 percent of the area median income.

Report all current income and income (wages, child support, SSI, unemployment, pension, income from assets, etc.,) expected to be received in the next 12 months including long-term **unemployment compensation and all hazard pay. DO NOT INCLUDE:** IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), Lost Wages Supplemental Payment Assistance (up to \$400 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

My total **family size** consists of _____ members, and the total gross annual income* for all adult members is \$ _____.

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

Participant / Beneficiary Information:

Signature: _____ **Date:** _____

Name (print): _____

**Siskiyou County (CDBG)
Food Assistance**

2020 State CDBG Income Limits - California (Effective 7/1/20)

Anticipated gross income over the next 12 months.

	Family Members Over 18 in Household							
Siskiyou County	1	2	3	4	5	6	7	8
Income Limit*	\$39,150	\$44,750	\$50,350	\$55,900	\$60,400	\$64,850	\$69,350	\$73,800

*For all income categories, the income limits for households larger than eight persons are determined as follows: For each person in excess of eight, add eight percent of the four-person "50%" limit to the "50%" limit for eight persons and round the answer to the nearest \$50. Contact GNS if there are more than 8 family members in the household over the age of 18.

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Check all that apply: Homeless Experiencing financial hardship

If the applicant has experienced financial hardship as a result of the COVID-19 pandemic, the applicant must describe how the household's financial situation has changed (e.g., lost employment or reduced income either temporarily or permanently).		
Financial Hardship due to COVID-19 Pandemic:		
<input type="checkbox"/> Lost employment	<input type="checkbox"/> Reduced Income	<input type="checkbox"/> Increase expenses
<input type="checkbox"/> Other-Please Explain: _____		

PART II: HOUSEHOLD INFORMATION

Enter legal address (where the applicant currently lives) and contact information below. If household is experiencing homelessness or is in temporary housing, provide a mailing address (where the applicant currently receives mail).

	Legal Address	Mailing Address (if different from legal)
Street, Apt./Unit #		
State, City, Zip Code		
Phone Number(s)		
Email		
Is the home within the City limits?	_____ Yes	_____ No _____ Unknown

Beneficiary HUD Demographic Information

(This section is voluntary.)

Ethnicity (Select One)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (Select One)		
<input type="checkbox"/> White	<input type="checkbox"/> Am. Indian/Alaskan Nat. & White	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Am. Indian/Alaskan & Black/African	
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/> Other Multi-Racial	
Other Demographic Data (Select all that Applies)		
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Single / Non Elderly	
<input type="checkbox"/> Participant Disable	<input type="checkbox"/> Related/Single Parent	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Related/Two Parent	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other (_____)	

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Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

Household Member #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Birth Date (mm/dd/yyyy)	*Student (Part/Full-time, Neither)	**Disabled (Y/N)
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
9					
10					

To Be Complete by Program Operator:

Program Operator Certification: *I certify that the Participant / Beneficiary demographic data and public service information is true and correct, to the best of my knowledge. I certify that, using the current HCD annual income publication compared to the stated family size and income, the income level shown above is true and correct. I certify that Participant / Beneficiary residency status is true and correct, per the requirements of 24 CFR 570.486(b) and/or (c) as applicable.*

Note: This completed certification, whether Beneficiary was assisted or not, must be maintained in the Program file for review at time of monitoring.

Printed Program Operator Name (printed)

Job Title

Signature: _____

Date: _____

Eligibility is valid until (three years after signed certification) Date: _____