COMMUNITY DEVELOPMENT BLOCK GRANT FUNDED PROGRAMS *Updated 3/2021*

SELF-CERTIFICATION FORM

1. Where is your principal residence? _____
   Address Town
2. How many persons are in your household? _____
3. Are you a single-parent head of household with dependent minor children living with you? Yes No
4. If yes to # 3, please circle your gender. Male Female
5. Is anyone in your household disabled or handicapped? Yes No If yes, how many? _____
6. Which of the following categories most nearly approximates the annual household income in the home where you currently reside? (Please check the appropriate line based on your household's size).

1 person	$0 - $20,650 __	5 persons	$0 - $31,850__
	$20,651 – 34,400 __		$31,851 – 53,050 __
	$34,401 - 54,950 __		$53,051 – 84,800 __
	over $$54,950 __		over $84,800__
2 persons	$0 - $23,600 __	6 persons	$0 - $35,160__
	$23,601 – 39,300 __		$35,161 – 57,000 __
	$39,301 – 62,800 __		$57,001 – 91,100 __
	over $62,800 __		over $91,100__
3 persons	$0 - $26,550__	7 persons	$0 - $39,640 __
	$26,551 – 44,200 __		$39,641 – 60,900 __
	$44,201 – 70,650 __		$60,901 – 97,350 __
	over $70,650 __		over $97,350__
4 persons	$0 - $29,450 __	8 persons	$0 - $44,120__
	$29,451 – 49,100 __		$44,121 – 64,850 __
	$49,101 – 78,500 __		$64,851 – 103,650__
	over $78,500__		over $103,650__

7. Please provide the number of persons living in your household who are part of the following demographic group(s):

Race

White	___
Black/African-American	___
Asian	___
American Indian/Alaskan Native	___
Native Hawaiian/Pacific Islander	___
American Indian/Alaskan Native and White	___
Asian and White	___
Black/African-American and White	___
American Indian/Alaskan Native and Black/African American	___
Other Race(s)	___
Hispanic/Latino (total number of persons of any race(s))	___
Elderly (total number of persons aged 60 or over)	___

I (WE) CERTIFY THAT THE ABOVE INFORMATION REGARDING MY (OUR) INCOME IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE.

Applicant Name (please print): _____

Signature_____ Date_____

Thank you for taking the time to complete this survey. This information will be held confidentially and used only for CDBG compliance records.