U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: Effective Date:

Definition of Income

<u>INSTRUCTIONS</u>: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

o HUD 24 CFR Part 5	o IRS Form 1040								
Beneficiary Information									
Last Name:		Benefi	Beneficiary ID:						
Member Information									
First Names:	Member IDs:	НН	СН	DIS	62+	S≥18	<18	<15	
				1					
	I = Co-Head of Household; DIS = P 18 or over; <18 = Child under the					_		r;	
3216 – Fuiltime Student age	18 01 Over, <18 - Crilla under the	age of 10 year	ais, \13 -	- Willior ui	iuei tiie a	ige oi 13 y	Cais		
Contact Information									
Address Line 1:	Address Line 1:		City:						
Address Line 2:		State:	State:			Zip Code:			
Income Information									
Annual gross income (tota	I of all members) = \$								
Certification									
	mation is complete and accurat	te. I/we agre	ee to pro	vide, upo	n reque	st,			
	me sources to the HUD Grante				•	•			

COMPLETE SIGNATURES ON SECOND PAGE

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I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: Effective Date:

Beneficiary ID:

HEAD OF HOUSEHOLD								
Signature	Printed Name	Date						
OTHER BENEFICIARY ADULTS*								
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
Signature	Printed Name	Date						
* Attach another convert this page if additional si	ignature lines are required							

WARNING: The information provided on this form is subject to verification by HUD at any time, and 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.

^{*} Attach another copy of this page if additional signature lines are required.