

Household Certification Form

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:	
Name _____	F/T__ or P/T__ Student Age: ____
Name _____	F/T__ or P/T__ Student Age: ____
Name _____	F/T__ or P/T__ Student Age: ____

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

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.

Total Household Income (Check one box)	Household Income Level (AGI) 4/29/19
	\$52,850
	\$60,400
	\$67,950
	\$75,500
	\$81,550
	\$87,600
	\$93,650
	\$99,700

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.