

Income Self-Certification Form – 2020 (effective July 1, 2020) Dakota County CDBG Program

Information on annual family income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then **CHECK THE BOX** that contains the amount of annual family income.

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your Family Size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

Household of 1:	<input type="checkbox"/> \$0 - \$21,700	<input type="checkbox"/> \$21,701 - \$36,200	<input type="checkbox"/> \$36,201 - \$54,950	<input type="checkbox"/> \$54,951+
Household of 2:	<input type="checkbox"/> \$0 - \$24,800	<input type="checkbox"/> \$24,801 - \$41,400	<input type="checkbox"/> \$41,401 - \$62,800	<input type="checkbox"/> \$62,801+
Household of 3:	<input type="checkbox"/> \$0 - \$27,900	<input type="checkbox"/> \$27,901 - \$46,550	<input type="checkbox"/> \$46,551 - \$70,650	<input type="checkbox"/> \$70,651+
Household of 4:	<input type="checkbox"/> \$0 - \$31,000	<input type="checkbox"/> \$31,001 - \$51,700	<input type="checkbox"/> \$51,701 - \$78,500	<input type="checkbox"/> \$78,501+
Household of 5:	<input type="checkbox"/> \$0 - \$33,500	<input type="checkbox"/> \$33,501 - \$55,850	<input type="checkbox"/> \$55,851 - \$84,800	<input type="checkbox"/> \$84,801+
Household of 6:	<input type="checkbox"/> \$0 - \$36,000	<input type="checkbox"/> \$36,001 - \$60,000	<input type="checkbox"/> \$60,001 - \$91,100	<input type="checkbox"/> \$90,101+
Household of 7:	<input type="checkbox"/> \$0 - \$39,640	<input type="checkbox"/> \$39,641 - \$64,150	<input type="checkbox"/> \$64,151 - \$97,350	<input type="checkbox"/> \$97,351+
Household of 8:	<input type="checkbox"/> \$0 - \$44,120	<input type="checkbox"/> \$44,121 - \$68,250	<input type="checkbox"/> \$68,251 - \$103,650	<input type="checkbox"/> \$103,651+

Please calculate your total assets, including (a) checking, savings and other account balances; (b) tax assessed value of real estate owned **other than** your home; (c) cash value/equity of any Life Insurance Policy; and (d) any other assets. NOTE: a percentage of assets will be calculated by staff as part of income (example: \$100,000 assets x 2.0% = \$2,000). **Total Assets = \$** _____

Please check your Ethnicity (pick 1 of 2): Hispanic or Non-Hispanic

Please check your Race (pick 1 of 10 choices):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black |

Does your family have a **FEMALE HEAD OF HOUSEHOLD?** Yes No

Program or Activity _____ Dates of Participation _____

Birth Date of Participant _____

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, the Dakota County CDA, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Participant or Beneficiary Name (Please Print)

Signature (Parent or Guardian, if participant is under 18 years old)

Date