

**CDBG – CV PROGRAM
SELF-CERTIFICATION OF ANNUAL INCOME FORM**

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. This form is valid for use between **July 1, 2021 - December 31, 2021**.

PART I: ELIGIBILITY

Program participation is limited to income eligible families whose annual income does not exceed 80 percent of the area median income, [as determined by HUD](#). Assistance is limited to (a) applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and to (b) small business owner qualifying as low/moderate income household.

INCOMES	2021 HUD LOW/MODERATE INCOME THRESHOLD							
	1 Person HH	2 Person HH	3 Person HH	4 Person HH	5 Person HH	6 Person HH	7 Person HH	8 Person HH
80% AMI Low Income	\$66,880	\$76,400	\$85,950	\$95,450	\$103,100	\$110,750	\$118,400	\$126,000
50% AMI Very Low Income	\$41,800	\$47,750	\$53,700	\$59,650	\$64,450	\$ 69,200	\$ 74,000	\$ 78,750
30% AMI	\$25,080	\$28,650	\$32,220	\$35,790	\$38,670	\$ 41,520	\$ 44,400	\$ 47,250

The total income of the applicant and all other members of the applicant's household age 18 and over may not exceed 80% of the Area Median Income for Rockland County adjusted for family size. An applicant's total household income at the time of application cannot exceed the above limits.

To comply with program guidelines, the applicant must indicate which eligibility category applies to their household. **Do not complete the rest of this form if the household does not meet the program's income limits and one of the categories below.**

- Experiencing financial hardship
 Small Business Owner qualifying as low/moderate income household

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).

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(s)		

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

*Note for Applicant: Students do not qualify for HOME assistance unless the individual meets one of the exemptions below. Check all that apply:

- Over age 24
 Veteran of the US Military
 Married
 Has dependent child/ren
 Member is part of a household that is low-income

**Note for Administrator: the "Disabled" column is not required and only provided if deductions under adjusted income at 24 CFR 5.611 will be applied for tenant-based rental assistance programs.

PART III: ANNUAL INCOME

Report all current income and income 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), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

Section A: For each household member (HH Mbr#) below, anticipate annual income for the next 12 months by converting current income to annual figures. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart.

Income Sources	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4	HH Mbr# 5	HH Mbr# 6
Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) (exclude Federal Pandemic Unemployment Compensation)						
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)						
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)						
Interest, dividends, and other net income of any kind from real or personal property (include rental income)						
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)						
Retirement/Pension/Insurance policy/Annuities						
Disability or Death Benefits (disability compensation)						
Worker's Compensation and Severance pay						
Welfare Assistance Payments (Temporary Assistance to Needy Families)						
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)						
Veterans Administration (VA) Benefits (exclude deferred disability benefits)						
Adoption Assistance Payments (exclude amount in excess of \$480)						
Alimony or Child Support (include only amounts expected)						
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit						
Other (please describe):						
Total for each HH Member	\$	\$	\$	\$	\$	\$

Section A: Total Income for Household	\$
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Section B - Income from Assets: Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Household Member #	Assets Categories: Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Cash Value of Asset	Interest/Dividends Earned on the Assets
1			
2			
3			
4			
5			
6			
Household Member #	Disposed Assets: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		Box (B1) Total Value of Assets	Box (B2) Total Income from Assets

*****To be completed by Program Administrator*****

If the amount in Box (B1) is greater than \$5000, calculate the imputed value of the assets by multiplying Box (B1) by the Passbook Savings rate of (.06%)	Box (B3) Value of Imputed Asset
	\$
Section B: Total Income from Assets (greater of box (B2) or (B3))	\$
Total Household Annual Income (Sections A + B)	\$

PART IV: APPLICANT CERTIFICATION

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.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date