



CITY OF PAWTUCKET, CDBG Program Self-Certification Form—2023 (effective June 15, 2023)

Revised June 15, 2023

Program or Activity _____

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 4 people in your household, go to HH of 4; if there are 8 or more in your household go to HH of 8):

| | | | | |
|----------|-----------------------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------------|
| HH of 1: | <input type="checkbox"/> \$0 - \$21,500 | <input type="checkbox"/> \$21,501 - \$35,850 | <input type="checkbox"/> \$35,851 - \$57,350 | <input type="checkbox"/> \$57,351+ |
| HH of 2: | <input type="checkbox"/> \$0 - \$24,600 | <input type="checkbox"/> \$24,601 - \$41,000 | <input type="checkbox"/> \$41,001 - \$65,550 | <input type="checkbox"/> \$65,551+ |
| HH of 3: | <input type="checkbox"/> \$0 - \$27,650 | <input type="checkbox"/> \$27,651 - \$46,100 | <input type="checkbox"/> \$46,101 - \$73,750 | <input type="checkbox"/> \$73,751+ |
| HH of 4: | <input type="checkbox"/> \$0 - \$30,700 | <input type="checkbox"/> \$30,701 - \$51,200 | <input type="checkbox"/> \$51,201 - \$81,900 | <input type="checkbox"/> \$81,901+ |
| HH of 5: | <input type="checkbox"/> \$0 - \$33,200 | <input type="checkbox"/> \$33,201 - \$55,300 | <input type="checkbox"/> \$55,301 - \$88,500 | <input type="checkbox"/> \$88,501+ |
| HH of 6: | <input type="checkbox"/> \$0 - \$35,650 | <input type="checkbox"/> \$35,651 - \$59,400 | <input type="checkbox"/> \$59,401 - \$95,050 | <input type="checkbox"/> \$95,051+ |
| HH of 7: | <input type="checkbox"/> \$0 - \$38,100 | <input type="checkbox"/> \$38,101 - \$63,500 | <input type="checkbox"/> \$63,501 - \$101,600 | <input type="checkbox"/> \$101,601+ |
| HH of 8: | <input type="checkbox"/> \$0 - \$40,550 | <input type="checkbox"/> \$40,551 - \$67,600 | <input type="checkbox"/> \$67,601 - \$108,150 | <input type="checkbox"/> \$108,151+ |

Ethnicity (select one only): Hispanic or Latino Not Hispanic or Latino

Race: (select one)

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

Other: (Select all that apply) Senior Handicapped or Disabled
 Female Head of Household Minor (up to age 18)

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 of Pawtucket, or the U.S. Department of Housing & Urban Development. If necessary, I will provide the information required to verify this data (e.g., pay stubs, bank account statements, etc.). 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.

Applicants' Signature _____
Typed or Printed Name Date: _____

Address: _____ Zip: _____

If client is below 18 years of age, parent or legal guardian must verify income and sign form.
Signature of Parent/Legal Guardian: _____ Date: _____

This information will be kept confidential and used for HUD monitoring purposes only.