CITY OF RACINE CDBG PROGRAM
PUBLIC SERVICE AGENCY LIMITED CLIENTELE
SELF-CERTIFICATION FORM

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

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

Please circle 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 go to HH of 8):

HH of 1	HH of 2	HH of 3	HH of 4	HH of 5	HH of 6	HH of 7	HH of 8
$0- $18,150	$0- $20,750	$0- $23,350	$0- $27,750	$0- $32,470	$0- $37,190	$0- $41,910	$0- $46,630
$18,151- $30,250	$20,751 - $34,550	$23,351 - $38,850	$27,751- $43,150	$32,471- $46,650	$37,191- $50,100	$41,911- $53,550	$46,631- $57,000
$30,251- $48,350	$34,551- $55,250	$38,851- $55,600	$43,151- $69,050	$46,651- $74,600	$50,101- $80,100	$53,551- $85,650	$57,001- $91,150
$48,351+	$55,251+	$62,150+	$69,051+	$74,601+	$80,101+	$85,651+	$91,151+

Effective 05/2022

The following are examples of sources of income that should be included in the above calculation. Please check all that apply:

- ☐ Salary/Wages
- ☐ Interest/Dividends
- ☐ Rent (As Landlord)
- ☐ Self-Employment Draw
- ☐ Alimony
- ☐ Disability/Long Term Insurance
- ☐ VA Disability Benefits
- ☐ Deferred Compensation
- ☐ Social Security/Retirement
- ☐ Bonuses/Incentives
- ☐ Loan Repayments
- ☐ Reverse Mortgage
- ☐ Social Security Survivors
- ☐ Child Support
- ☐ Social Security Disability
- ☐ Workers' Compensation
- ☐ Pension/Profit-Sharing
- ☐ Keogh/IRA Plans
- ☐ Commissions/Tips
- ☐ Unemployment Compensation
- ☐ Court Settlement
- ☐ Annuities
- ☐ 401(k)/403(b) Plans
- ☐ Military Pension
- ☐ Union Pension or Disability
- ☐ Other (specify):

Please check your ethnicity (pick 1 of 2): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

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

- ☐ White
- ☐ Asian
- ☐ Asian & White
- ☐ Native Hawaii/Other Pacific Islander
- ☐ American Indian/Alaskan Native & Black/African American
- ☐ Black or African American
- ☐ American Indian/Alaskan Native
- ☐ American Indian/Alaskan Native & White
- ☐ Black/African American & White
- ☐ Other Multi-Racial

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

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that this self-certification may be subject to further verification by the agency providing services, the City of Racine, or the US Department of Housing and 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 the supporting documentation, if necessary. **WARNING:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government.

Signed by Participant: _____Date: _____

Name (please print):_____

Address:_____Email:_____

City, State, Zip:_____Phone:_____