

# SELF-DECLARATION OF INCOME REPORT

## FY2014 (July 1, 2014 – June 30, 2015)

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PARTICIPANT STATUS: ☐ HOUSEHOLD ☐ INDIVIDUAL

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**ETHNICITY (please select only one):**

☐ Hispanic or Latino ☐ Not Hispanic or Latino

**RACE (please select only one):**

☐ White ☐ American Indian/Alaskan Native **and** White  
☐ Black/African American ☐ Asian **and** White  
☐ Asian ☐ Black/African American **and** White  
☐ American Indian/Alaska Native ☐ American Indian/Alaskan Native **and**  
Black/African American  
☐ Native Hawaiian/Other Pacific Islander ☐ Other Multi-Racial:

### **HOUSEHOLD INFORMATION**

☐ Female Head of Household

1) Circle the number of family and non-family members living in your household below.

2) Circle the corresponding income level. (FY2014 Median Family Income)

Household Size	#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1 →	\$0 - \$19,800	\$19,801 - \$32,950	\$33,051 - \$ 47,450	\$47,451+
2 →	\$0 - \$22,600	\$22,601 - \$37,650	\$37,651 - \$54,200	\$54,201+
3 →	\$0 - \$25,450	\$25,451 - \$42,350	\$42,351 - \$61,000	\$61,001+
4 →	\$0 - \$28,250	\$28,251 - \$47,050	\$47,051 - \$67,750	\$67,751+
5 →	\$0 - \$30,550	\$30,551 - \$50,850	\$50,851 - \$73,200	\$73,201+
6 →	\$0 - \$32,800	\$32,801 - \$54,600	\$54,601 - \$78,600	\$78,601+
7 →	\$0 - \$35,050	\$35,051 - \$58,350	\$58,351 - \$84,050	\$84,051+
8 →	\$0 - \$37,300	\$37,301 - \$62,150	\$62,151 - \$89,450	\$89,451+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Original signature is required)*

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as on-site monitoring visits.