Community Development Block Grant (CDBG)

City & County of San Francisco

2010-2011 Family Income Verification Form

AGENCY INSTRUCTIONS

1. **Use the Family Income Verification Form Instructions** to help with form completion
2. Please **complete** and **review** this form **with client**
3. This form must be kept on **file for five years**
4. **All items must be completed** unless otherwise noted.

CLIENT INFORMATION

Client Name/Unique Identifier: _____

Address: _____ City: _____ CA Zip Code: _____

Phone #: _____ e-mail:_____ Day/Month/Year of Birth: _____ Male ___ Female ___ Transgender ___
(OPTIONAL) *(OPTIONAL)*

ETHNICITY **(Please also make a selection from the "RACE" options in the next box)**

Hispanic/Latino (a): Yes ☐ No ☐

RACE

☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & Black/African American
☐ American Indian/Alaskan Native & White (or "Mestizo")
☐ Asian
☐ Asian & White
☐ Black/African American
☐ Black/African American & White
☐ Native Hawaiian/Other Pacific Islander
☐ Other or Multiracial (please specify):_____
☐ White

FAMILY INFORMATION

A family is defined all persons living in the same household who are related by birth, adoption, marriage, or domestic partnership.

☐ Single Female Headed Family ☐ Single Male Headed Family ☐ Dual Headed Family

# of persons living in your family? _____ Total estimated income for next 12 months for all family members:_____

OPTIONAL CATEGORIES

☐ Gay ☐ Lesbian ☐ Bisexual

Cultural Affiliation or Nationality: _____
(Please see instruction sheet and list of U.S. Census categories)

(Please continue on reverse – Income Verification)

CURRENT INCOME INFORMATION
(Number of persons in FAMILY INFORMATION must match this section)

(CIRCLE correct income level. If number of family members is greater than 8, refer to instruction sheet.)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	$0 <22,600	$0 <25,800	$0 <29,050	$0 <32,250	$0 <34,850	$0 <37,450	$0 <40,000	$0 <42,600
Low Income	$22,601 - 37,650	$25,801-43,000	$29,051-48,400	$32,251-53,750	$34,851-58,050	$37,451-62,350	$40,001-66,650	$42,601-70,950
Moderate Income	$37,651-60,200	$43,001 - 68,800	$48,401-77,400	$53,751-86,000	$58,051-92,900	$62,351-99,800	$66,651-106,650	$70,951-113,550
Above Moderate Income	$60,201 or greater	$68,801 or greater	$77,401 or greater	$86,001 or greater	$92,901 or greater	$99,801 or greater	$106,650 or greater	$113,551 or greater

INCOME CERTIFICATION

Interviewer: ***Check*** *the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.*

☐ CalWorks ☐ Food Stamps ☐ Medi-CAL ☐ Tax Return (most recent) ☐ Unemployment (check stub)

☐ SSI** ☐ Payroll Stub** ☐ Other (i.e. public housing/foster care)**_____

(**current-within 2 months)

☐ Self certified. Please explain: _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/CDBG officials.

CLIENT

_____
Client Printed Name

_____
Parent/Client Signature

_____
Date

INTERVIEWER

_____
Interviewer Printed Name

_____
Interviewer Signature

_____
Date

NOTES: