

INCOME CERTIFICATION FORM

AGENCY: _____

PROGRAM: _____

To participants in this project:

The City of Madison Community Development Block Grant Office has provided some of the financing for this project. In order to document that benefits are received by the target population defined by the Federal Department of Housing and Urban Development, we ask that you review the residency and income limits listed below, and check the appropriate description.

CHECK ONE

_____ A. I/we certify that I am/we are residents of the City of Madison, and that within the past twelve months my/our household income has been less than the maximum shown for my/our household size.

<u>Household Size</u>	<u>Maximum Annual Gross Income</u> (Total combined income from all sources for all members of the household.)
1	\$54,950
2	\$62,800
3	\$70,650
4	\$78,500
5	\$84,800
6	\$91,100
7	\$97,350
8	\$103,650

_____ B. I/we are not residents of the City of Madison.

_____ C. I/we are residents of the City, but my/our household income is greater than the levels indicated above.

Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payments from annuities, retirement plans, social security, and any other source of income. I certify that the above information is complete and correct. I agree to provide documentation to verify household income level upon request by the agency, CDBG, or HUD.

Resident/Employee/Owner

Resident/Employee/Owner

Date

Date