



Household Income Certification Form

Section I

Local Government:		Map Key #:	Service Area #:	Description of Unit:	
Name:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Street Address:		City:	Date of Survey:

Section II

(Circle the total household size and then answer whether total household income is or is not within each of the three ranges.)

Number of Persons in Household	2 Income Range (Moderate)	Is Total Household Income within this Range?	4 Income Range (Low)	Is Total Household Income within this Range?	6 Income Range (Very Low)	Is Total Household Income within this Range?
1	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: For households of more than 8 persons, insert the household size and the correct income range for each of the three income levels in the appropriate boxes in the bottom row. Income data is available from the following website: <http://www.huduser.org/portal/datasets/il.html>



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Section III				
Indicate how many people in each of the following categories reside in the household. Some household members may need to be counted in more than one category.	Female Head of Household	Handicapped	Elderly (60+)	
Indicate race and ethnicity below:				
Race	Total	# of Hispanic Ethnicity	For Housing Grants Only	
			# Units Owner Occupied	# Units Renter Occupied
White				
Black/African American				
Asian				
American Indian or Alaskan Native				
Native Hawaiian Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native and Black/African American				
Other Multi-Racial				
Totals				

Certification: I, the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data as presented to me by the occupant. Additionally, if the proposed project includes water or sewer system improvements, each household has been advised that they may be required to hook up to any sewer or water facilities constructed as a part of this project and of any estimated costs or monthly fees associated with such hook up.

Interviewer: _____

Date: _____