

**CITY OF CAPE CORAL
GRANT PROGRAM
SELF CERTIFICATION**

The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Program/Agency: _____

_____ **Phone Number**

_____ **Client Name (PLEASE PRINT)**

Male Female **AGE** _____

_____ **Street Address**

_____ **City**

_____ **Zip Code**

Number Children Ages 3-5: _____

1. Status (Check all that apply): **62 years or older** **Disabled**

2. Head of Household: Are you the head of the household? Yes No

3. If you are not the head of the household, is the head of the household female? Yes No

4. Household Size and Total Annual Household Income (Effective 4/4/21):

A. Circle the total number of people in your household in the first column.

B. On the line corresponding to your household size, check the income range that includes your household's annual income include court ordered child support whether received or not.

A. Household Size

B. Total Household Income

	Extremely Low Income 30% AMI	Low Income 50% AMI	Moderate Income 80% AMI
1	<input type="checkbox"/> \$15,100 or less	<input type="checkbox"/> \$15,101 - \$25,200	<input type="checkbox"/> \$25,201 - \$40,250
2	<input type="checkbox"/> \$17,420 or less	<input type="checkbox"/> \$17,421 - \$28,800	<input type="checkbox"/> \$28,801 - \$46,000
3	<input type="checkbox"/> \$21,960 or less	<input type="checkbox"/> \$21,961 - \$32,400	<input type="checkbox"/> \$32,401 - \$51,750
4	<input type="checkbox"/> \$26,500 or less	<input type="checkbox"/> \$26,501 - \$35,950	<input type="checkbox"/> \$35,951 - \$57,500
5	<input type="checkbox"/> \$31,040 or less	<input type="checkbox"/> \$31,041 - \$38,850	<input type="checkbox"/> \$38,851 - \$62,100
6	<input type="checkbox"/> \$35,580 or less	<input type="checkbox"/> \$35,581 - \$41,750	<input type="checkbox"/> \$41,751 - \$66,700
7	<input type="checkbox"/> \$40,120 or less	<input type="checkbox"/> \$40,121 - \$44,600	<input type="checkbox"/> \$44,601 - \$71,300
8	<input type="checkbox"/> \$44,660 or less	<input type="checkbox"/> \$44,661 - \$47,500	<input type="checkbox"/> \$47,501 - \$75,900

Check here if your income does not fall into any of the income ranges corresponding with your household size.

5. Do you receive income from any of the following sources?

Welfare to Work

Temporary Assistance to Needy Families (TANF)

Social Security

Food Stamps

Other: _____

Client Name: _____

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS Income listed above includes the income (including income from assets) of all adults within the household. I certify, if applicable, that income also includes COURT AWARDED CHILD SUPPORT AND ALIMONY.

Signature

Date

FOR AGENCY USE ONLY:

CLIENT MEETS THE FOLLOWING INCOME LIMITS ESTABLISHED AT THE TIME OF APPROVAL.

EXTREMELY LOW INCOME

LOW INCOME

MODERATE INCOME

STAFF/VOLUNTEER PRINTED NAME

SIGNATURE

DATE