

**2024 CDBG Program Income Affidavit**

Name \_\_\_\_\_

Address \_\_\_\_\_

**RACE/ETHNICITY:** Check the category which you think best describes your household:

Race	Ethnicity	
	Not Hispanic	Hispanic
White		
Black / African American (AA)		
Asian		
Native American (NA)		
Hawaiian / Pacific Islander		
Native American and White		
Asian and White		
AA and White		
NA and AA		
Other or Multi-Racial		

Female-Headed Household? Yes  No

Annual Household Income \$ \_\_\_\_\_ Family Size \_\_\_\_\_

**Certification**

I understand that funding for this service comes from federal funds which require income eligibility. I certify that the information provided is complete and accurate, and that source documentation will be provided upon request. **Please provide proof of income before or at your appointment to help us comply with federal regulations.**

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY				
INCOME LIMITS				
Family Size	Very Low Income	Low Income	Moderate Income	OVER Income
1	\$19,900	\$33,150	\$53,050	\$53,051+
2	\$22,750	\$37,900	\$60,600	\$60,601+
3	\$25,600	\$42,650	\$68,200	\$68,201+
4	\$28,400	\$47,350	\$75,750	\$75,751+
5	\$30,700	\$51,150	\$81,850	\$81,851+
6	\$32,950	\$54,950	\$87,900	\$87,901+
7	\$35,250	\$58,750	\$93,950	\$93,951+
8	\$37,500	\$62,550	\$100,000	\$100,001+