

SELF-CERTIFICATION FORM FOR FAMILY INCOME

Date: _____

Program: _____

Brookline, MA

--Community Development Block Grant: Request for Fiscal Year 2017--2018

The information you provide regarding your family income will be part of your agency request for block grant funds. This information is necessary for your agency to demonstrate compliance with the grant for the Town of Brookline entitlement. The information will be confidential, but may require verification.

Please indicate your income by a check as it relates to the number of persons in your family and non-family members living in your household. If your stay is seasonal and your permanent home is at a different place, use the number of family members who reside at the permanent residence.

FAMILY SIZE		EXTREMELY LOW		VERY LOW		LOW INCOME
1	<input type="checkbox"/>	0 - \$21,700	<input type="checkbox"/>	\$21,701 - \$36,200	<input type="checkbox"/>	\$36,201 - \$54,750
2	<input type="checkbox"/>	0 - \$24,800	<input type="checkbox"/>	\$24,801 - \$41,400	<input type="checkbox"/>	\$41,400 - \$62,550
3	<input type="checkbox"/>	0 - \$27,900	<input type="checkbox"/>	\$27,901 - \$46,550	<input type="checkbox"/>	\$46,551 - \$70,350
4	<input type="checkbox"/>	0 - \$31,000	<input type="checkbox"/>	\$31,001 - \$51,700	<input type="checkbox"/>	\$51,701 - \$78,150
5	<input type="checkbox"/>	0 - \$33,500	<input type="checkbox"/>	\$33,501 - \$55,850	<input type="checkbox"/>	\$55,801 - \$84,450
6	<input type="checkbox"/>	0 - \$36,600	<input type="checkbox"/>	\$36,601 - \$60,000	<input type="checkbox"/>	\$60,001 - \$90,700
7	<input type="checkbox"/>	0 - \$38,450	<input type="checkbox"/>	\$38,451 - \$64,150	<input type="checkbox"/>	\$64,151 - \$96,950
8	<input type="checkbox"/>	0 - \$41,320	<input type="checkbox"/>	\$41,321 - \$68,250	<input type="checkbox"/>	\$68,251 - \$103,200

(Income limits effective 04/17/2017)

How many hours do you work each month? _____

If you are not employed and received assistance (i.e., AFDC, SSI, child support, etc.) Please indicate what type and monthly allocation.

Gender of head of household: Male Female

Nationality and age of head of household: _____ Over 62 years of age

- | | |
|---|---|
| <input type="checkbox"/> White or Caucasian (Non-Latino) | <input type="checkbox"/> Black, African-American, Other African (Non-Latino) |
| <input type="checkbox"/> American Indian/Alaska Native & White | <input type="checkbox"/> Asian, Asian-American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Hawaiian Native/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native & Black/African American |
| <input type="checkbox"/> Other multi-racial | |

Ethnicity

Hispanic (of any race). Identify by race above: _____

Income Verification

I certify that this income information is correct and I understand that the information I have provided on my family income **is subject to verification** by authorized representatives of the Town of Brookline and the United States Department of Housing and Urban Development.

Signature: _____

Date: _____

Name: _____

Home Address: _____

Printed Name

Telephone: _____

SS#: _____

Agency Date and Certification: _____

FAMILY INCOME GUIDELINES

Household income is defined as family income: all sources of income for one or more persons living in a single residence who are related by blood or marriage.

1. Inclusions in Family Income

- a. Gross Wages and Salary: The total money earnings received from work performed as an employee. It represents the amount paid before deductions for income taxes, Social Security, bond purchases, Union dues, etc.
- b. Net Self-Employment Income: Net income (gross receipts minus operating expenses) from a business firm, farm, or other enterprises in which a person is engaged on his/her own account.
- c. Net rent income or, less frequently, rent receipts.
- d. Pensions or other retirement benefits.
- e. Alimony.
- f. Periodic insurance payments; frequently referred to as regular income from insurance policies, annuities.
- g. Government and/or military retirement, (other than compensation for disability or death per Title 38, United State Code, Chapter II).
- h. Contest or lottery income.
- i. Periodic gifts, including payment or rent and living expenses from persons outside the residence.
- j. Interest including interest paid on inheritance and trust accounts, and dividends.
- k. Public Assistance payments.
- l. Federal, State, or local unemployment insurance benefits.
- m. Cash payments received pursuant to a State Plan approved under Title I Old Age Assistance, IV Aid to Families with Dependent Children (AFDC), X Aid to the Blind, or XVI Supplemental Security Income for the Aged, Blind and Disabled of the Social Security Act, or disability insurance payments received under Title II, Section 423 of the Social Security Act, or disability insurance payments received under Title II, Section 423 of the Social Security Act of payments received under the Black Lung Benefits Reform Act of 1977 (Public Law 95-239).
- n. Social Security, old age and survivors insurance cash payments. (Social Security Act, Title II, Section 402).
- o. Child support payments including payments made by State or local government on behalf

of foster children in the home.

- p. Educational assistance and compensation payments to veterans and other eligible persons under Title 38, United States Code, Chapters 11, Compensation for Service-Connected Disability or Death; 13, Dependence and Indemnity Compensation for Service-Connected Death; 31 Vocational Rehabilitation; 34, Veterans' Education Assistance; 35, War Orphans' and Widows' Educational Benefits. In some cases, this item is simply referred to as "veterans' payments."
- q. Payments or allowances received by veterans while serving on active duty in the Armed Forces. In some cases, this item includes National Guard or military, naval or air force reserve activities.
- r. Payments made to participants in employment and training programs except wages paid for OJT, or Upgrading and Retraining. Exclude all compensation received under II-B.
- s. Capital gains and losses.
- t. Soil bank payments.
- u. Agriculture Stabilization Payments.
- v. Other income, except as indicated below.

2. Exclusions from Annual Family Income - Optional

- a. Non-cash income, such as food stamps, or compensation received in the form of food or housing.
- b. Imputed value of owner-occupied property or rental value of owner occupied property.
- c. Trade Act or Trade Readjustment payments.
- d. One-time unearned income, such as, but not limited to:
 - (1) Accident, health, and casualty insurance proceeds.
 - (2) One-time or fixed-term scholarship and fellowship grants.
 - (3) Payments received for a limited fixed term under income maintenance programs and supplemental (private) unemployment benefits plans.
 - (4) Lump sum inheritances including fixed-term annuities.
 - (5) One-time awards and gifts. Does not include contest or lottery income.
 - (6) Disability and death payments, including fixed-term (but not life time) life insurance annuities and death benefits.
 - (7) Fixed-term Worker's Compensation awards.

(8) Terminal Leave pay.

3. Verification of Annual Family Income

- a. Family income should be supported with documentation from the income source. A representative sample of all job classifications should be income verified. Income verification should be obtained prior to job placement. Determining the job holders income level will ensure that TIG benefit is measured and 51% TIG benefit is achieved.
- b. Maintenance of income verification records must be accessible for CDBG program review. Organize income verification records by each loan or funded activity.