

UR Special Ministries Spring Distribution CDBG Income Certification Form

Thank you for your participation in the UR Special Clothing Distribution event! This program is partially funded by the City of Edmond Community Development Block Grant (CDBG) Program and the US Department of HUD. In order to participate, this form must be completed. **ALL INFORMATION PROVIDED IS CONFIDENTIAL AND SUBJECT TO VERIFICATION.**

Name of Parent or Legal Guardian

Street Address, City, State, Zip

Phone Number(s)

To be eligible, your **annual household income** must be less than the dollar amounts below. Annual household income shall include all earnings of all individuals who occupy the home, including adults, children, relatives and unrelated residents for the last 12 months.

- 1 person household - \$37,700
- 2 person household - \$43,100
- 3 person household - \$48,500
- 4 person household - \$53,850
- 5 person household - \$58,200
- 6 person household - \$62,500
- 7 person household - \$66,800
- 8 person or more household - \$71,100

Annual **Household** Income: _____

See the chart to the left, do you meet this requirement?

YES or NO

Number of Adults in your Household: _____

Number of Children in your Household: _____

Number of Disabled persons in your household: _____

Female Head of Household? YES or NO

<i>For HUD Reporting Purposes Only - Please account for each child served.</i>	
Race:	_____ White
	_____ Black/African American
	_____ American Indian/Alaskan Native
	_____ White Hispanic/Latino
	_____ Black Hispanic/Latino
	_____ Asian
	_____ Native Hawaiian/Other Pacific Islander
	_____ Black/African American & White
	_____ American Indian/Alaskan Native & Black/African American
	_____ American Indian/Alaskan Native & White
	_____ Asian & White
	_____ Other Multi-Racial

Child's Name: _____ Age _____ Sex _____ School: _____

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I certify that the information provided is true and I understand that any false information provided could result in the dismissal of this application for assistance.

Parent/Guardian Signature: _____

Date: _____

UR Special Representative: _____