



**Community Development Block Grant (CDBG)
City & County of San Francisco**

2015-2016 Family Income Verification Form (Updated 3/6/15)

AGENCY INSTRUCTIONS

1. **Use the Family Income Verification Form Instructions** to help with form completion
2. Please **complete** and **review** this form **with client**
3. This form must be kept on **file for five years**
4. **All items must be completed** unless otherwise noted.

CLIENT INFORMATION

Client Name/Unique Identifier: _____
 Address: _____ City: _____ CA Zip Code: _____
 Phone #: _____ e-mail: _____ Day/Month/Year of Birth: _____ Male ___ Female ___ Transgender ___
 (OPTIONAL) (OPTIONAL)

ETHNICITY (Please also make a selection from the "RACE" options in the next box)

Hispanic/Latino(a): Yes No

RACE

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native & White (or "Mestizo") | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other or Multiracial (please specify): _____ |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> White |

FAMILY INFORMATION

Family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: a single person or a group of persons residing together.

- Single Female Headed Family Single Male Headed Family Dual Headed Family

of persons living in your family? _____ Total estimated income for next 12 months for all adult members: _____

OPTIONAL CATEGORIES

- Gay Lesbian Bisexual

Cultural Affiliation or Nationality: _____
 (Please see instruction sheet and list of U.S. Census categories)

(Please continue on reverse – Income Verification)

CURRENT INCOME INFORMATION

(Number of persons in FAMILY INFORMATION must match this section)

(CIRCLE correct income level. If number of family members is greater than 8, refer to instruction sheet.)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	\$0 – 24,650	\$0 – 28,150	\$0 – 31,650	\$0 – 35,150	\$0 – 38,000	\$0 – 40,800	\$0 – 43,600	\$0 – 46,400
Low Income	\$24,651- 41,050	\$28,151- 46,900	\$31,651- 52,750	\$35,151- 58,600	\$38,001- 63,300	\$40,801- 68,000	\$43,601- 72,700	\$46,401- 77,400
Moderate Income	\$41,051- 65,700	\$46,901- 75,100	\$52,751- 84,500	\$58,601- 93,850	\$63,301- 101,400	\$68,001- 108,900	\$72,701- 116,400	\$77,401- 123,900
Above Moderate Income	\$65,701 or greater	\$75,101 or greater	\$84,501 or greater	\$93,851 or greater	\$101,401 or greater	\$108,901 or greater	\$116,401 or greater	\$123,901 or greater

INCOME CERTIFICATION

Interviewer: **Check** the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.

- CalWorks
 Food Stamps
 Medi-CAL
 Tax Return (most recent)
 Unemployment (check stub)
 SSI**
 Payroll Stub**
 Other (i.e. public housing/foster care)** _____

(**current-within 2 months)

Self certified. Please explain: _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/CDBG officials.

CLIENT

Client Printed Name

Parent/Client Signature

Date

INTERVIEWER

Interviewer Printed Name

Interviewer Signature

Date

NOTES: