



# Mayor's Office of Housing and Community Development City & County of San Francisco

## 2017-2018 Family Income Verification Form

The Mayor's Office of Housing and Community Development (MOHCD) collects client information to meet specific federal, state, and local reporting requirements and to improve program quality and service delivery. MOHCD protects all clients' personally identifiable information from unauthorized disclosure.

### 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 noted as optional.

### Client Information

Client Name/Unique Identifier \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(Optional) (Optional)

#### Which best describes your ethnicity? (Check one. Please also select from the "race" options below)

Hispanic/Latino

Not Hispanic/Latino

#### Which best describes your race? (Check one)

American Indian/Alaskan Native

American Indian/Alaskan Native *and* Black/African American

Asian

American Indian/Alaskan Native *and* White

Black/African American

Asian *and* White

Native Hawaiian/Other Pacific Islander

Black/African American *and* White

White

Other/Multiracial

Cultural Affiliation or Nationality (optional): \_\_\_\_\_

#### What is your gender? (Check one that that best describes your current gender identity)

Female

Trans Female

Male

Trans Male

Genderqueer/Gender Non-binary

Not Listed. Please Specify \_\_\_\_\_

#### What was your sex at birth? (Check one)

Female

Male

Decline to answer

#### How do you describe your sexual orientation or sexual identity? (Check one)

Bisexual

Straight/Heterosexual

Gay /Lesbian/Same-Gender Loving

Not listed. Please specify: \_\_\_\_\_

Questioning /Unsure

Decline to answer

**Which best describes your family? (Check one)**

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

Number of persons living in your family (including yourself): \_\_\_\_\_

Total estimated income for next 12 months for all adult members: \$ \_\_\_\_\_

**Current Income Information** (Number of persons in “family” above must match this section)

*(Circle correct income level. If number of family members is greater than eight persons, 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 - 27,650	\$0 - 31,600	\$0 - 35,550	\$0 - 39,500	\$0 - 42,700	\$0 - 45,850	\$0 - 49,000	\$0 - 52,150
Low Income	\$27,651-46,100	\$31,601-52,650	\$35,551-59,250	\$39,501-65,800	\$42,701-71,100	\$45,851-76,350	\$49,001-81,600	\$52,151-86,900
Moderate Income	\$46,101-73,750	\$52,651-84,300	\$59,251-94,850	\$65,801-105,350	\$71,101-113,800	\$76,351-122,250	\$81,601-130,650	\$86,901-139,100
Above Moderate Income	\$73,751 or greater	\$84,301 or greater	\$94,851 or greater	\$105,351 or greater	\$113,801 or greater	\$122,251 or greater	\$130,651 or greater	\$139,101 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 (\*\*current-within 2 months).*

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

**CLIENT**

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Parent/Client Signature

\_\_\_\_\_  
Date

**INTERVIEWER**

\_\_\_\_\_  
Interviewer Printed Name

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

**NOTES:**