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

2019-2020 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 <u>one</u>. Please also select from the "race" options below)

☐ Hispanic/Latino   ☐ Not Hispanic/Latino

Which best describes your race? (Check <u>one</u>)

☐ 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 <u>one</u> that that best describes your current gender identity)

☐ Female   ☐ Trans Female
☐ Male   ☐ Trans Male
☐ Genderqueer/Gender Non-binary   ☐ Not Listed. Please Specify _____

How do you describe your sexual orientation or sexual identity? (Check <u>one</u>)

☐ Bisexual   ☐ Straight/Heterosexual
☐ Gay /Lesbian/Same-Gender Loving   ☐ Not listed. Please specify: _____
☐ Questioning /Unsure   ☐ Decline to answer

Which best describes your family? (Check <u>one</u>)

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 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)

(<u>Circle</u> 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 – 33,850	$0 - 38,700	$0 – 43,350	$0 – 48,350	$0 – 52,250	$0 – 56,100	$0 – 60,000	$0 – 63,850
Low Income	$33,851-56,450	$38,701-64,500	$43,351-72,550	$48,351-80,600	$52,251-87,050	$56,101-93,500	$60,001-99,950	$63,851-106,400
Moderate Income	$56,451-90,450	$64,501-103,350	$72,551-116,250	$80,601-129,150	$87,051-139,500	$93,501-149,850	$99,951-160,150	$106,401 - 170,500
Above Moderate Income	$90,451 or greater	$103,351 or greater	$116,250 or greater	$129,151 or greater	$139,501 or greater	$149,851 or greater	$160,151 or greater	$170,501 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: