The city of Grand Island’s Community Development Division (CDD) collects client information to meet specific federal state, and local reporting requirements and to improve quality and service delivery. CDD 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**. Form may be hand written or typed
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: | | Date of Birth: |
|  | | |
| Street Address: | | |
|  | | |
| City: | State: | Zip Code: |
|  | | |
| Phone Number or Email: | | |

**What best describes your ethnicity?** (Check one. Please also select from the “Race” options below)

Hispanic /Latino  Not Hispanic/Latino

**What best describes your race?** (Check **one**)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | White |  | Native Hawaiian or Other Pacific Islander |  | Asian & White |  | American Indian / Alaskan Native |
|  | Black or African American |  |  |  |  | Black/ African American & White |
|  | Asian |  | American Indian or Alaskan Native |  | Other |  | Amer. Indian/ Alaskan Native &Black/African American |
|  |  |  |  |  |  |  |  |

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

Household includes, but 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 Household Single Male Headed Household Dual Headed Household

|  |  |
| --- | --- |
| Number of persons living in your household including yourself: |  |

|  |  |
| --- | --- |
| Total estimated income for next 12 months for all adult members living in household (including yourself): | $ |

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

**Circle** correct income level.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household of: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Extremely Low income | 14,300 | 16,460 | 20,780 | 25,100 | 29,420 | 33,740 | 38,060 | 42,380 |
| Very Low Income | 23,800 | 27,200 | 30,600 | 34,000 | 36,750 | 39,450 | 42,200 | 44,900 |
| Low income | 38,100 | 43,550 | 49,000 | 54,000 | 58,000 | 63,150 | 67,500 | 71,850 |

\*\*\*Note: If client’s household income level is **NOT** on or below this table they will not be income qualified.\*\*\*

**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)

Tax Return Unemployment (check stub) Social Security Payroll Stub Self-Certified

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 City of Grand Island Community Development Division personnel and HUD (U.S. Department of Housing & Urban Development)/CDBG officials (for federally funded grants)

**CLIENT**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Client Printed Name |  | Interviewer Printed Name |
|  |  |  |
| Client Signature |  | Interviewer Signature |
|  |  |  |
| Date |  | Date |

|  |
| --- |
| **Notes:** |