



CDBG-CV INTAKE & SELF-CERTIFICATION
HOUSEHOLD ANNUAL INCOME

INSTRUCTIONS: This is a written statement from the beneficiary of a household seeking assistance through the City of Rosemead COVID-19 Food & Nutrition Program documenting: (1) the household Annual (**Gross**) Income where gross income is **BEFORE** any taxes or other deductions are taken out; (2) the number of members in the household; (3) relevant characteristics of each member of the household for the purposes of income determination; and (4) the income determination method used by the City for qualification purposes. The City has selected the HUD 24 CFR Part 5 definition of income to be used. The maximum gross household income chart is shown on the next page.

To complete this intake and certification, please fill in the blank fields below, check-off the boxes that apply, and signed at the bottom. Thank you.

HEAD OF HOUSEHOLD INFORMATION

Name: _____

Address: _____ Rosemead, CA 91770

Phone #: _____ Email: _____

Do you have a Rosemead address but the area you live in is considered Los Angeles County Unincorporated? Yes No

ARE YOU (please check what applies):

62 years or older? Yes No Disable? Yes No Veteran? Yes No Female Headed Household: Yes No

ETHNICITY/RACE

Check One: Hispanic Non-Hispanic

Check One that best describes you:

- White American Indian/Alaskan Native Black/African American & White
- Black/African American American Indian/Alaskan Native & White American Indian/Alaskan Native & Black/African American
- Asian Asian & White Other multi-racial

HAS COVID-19 FINANCIALLY NEGATIVELY IMPACTED YOU?

- No, I have not been affected by COVID-19 My works hours were reduced due to COVID-19
- I lost my job due to COVID-19 I am unable to work because I am caring for someone that became ill from COVID-19
- I became ill from COVID-19 and cannot work
- Other: _____

HOUSEHOLD'S FAMILY INCOME

Total Yearly Household Income: \$ _____ Number of Persons Living in Household (including self): _____

ALL PERSONS LIVING IN THE HOUSEHOLD

Name _____	Age _____	Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____	Name _____	Age _____

DIRECTIONS: (1) Check family size AND THEN (2) follow the row extending from family size and check-off correct income level.

Number of Persons in Household	Extremely Low	Very Low	Low Moderate	Above Moderate
<input type="checkbox"/> 1	<input type="checkbox"/> \$23,700 & below	<input type="checkbox"/> \$23,701 - \$39,450	<input type="checkbox"/> \$39,451 - \$63,100	<input type="checkbox"/> \$63,101 & above
<input type="checkbox"/> 2	<input type="checkbox"/> \$27,050 & below	<input type="checkbox"/> \$27,051 - \$45,050	<input type="checkbox"/> \$45,051 - \$72,100	<input type="checkbox"/> \$72,101 & above
<input type="checkbox"/> 3	<input type="checkbox"/> \$30,450 & below	<input type="checkbox"/> \$30,451 - \$50,700	<input type="checkbox"/> \$50,701 - \$81,100	<input type="checkbox"/> \$81,101 & above
<input type="checkbox"/> 4	<input type="checkbox"/> \$33,800 & below	<input type="checkbox"/> \$33,801 - \$56,300	<input type="checkbox"/> \$56,301 - \$90,100	<input type="checkbox"/> \$90,101 & above
<input type="checkbox"/> 5	<input type="checkbox"/> \$36,550 & below	<input type="checkbox"/> \$36,551 - \$60,850	<input type="checkbox"/> \$60,851 - \$97,350	<input type="checkbox"/> \$97,351 & above
<input type="checkbox"/> 6	<input type="checkbox"/> \$39,250 & below	<input type="checkbox"/> \$39,251 - \$65,350	<input type="checkbox"/> \$65,351 - \$104,550	<input type="checkbox"/> \$104,551 & above
<input type="checkbox"/> 7	<input type="checkbox"/> \$41,950 & below	<input type="checkbox"/> \$41,951 - \$69,850	<input type="checkbox"/> \$69,851 - \$111,750	<input type="checkbox"/> \$111,751 & above
<input type="checkbox"/> 8	<input type="checkbox"/> \$44,650 & below	<input type="checkbox"/> \$44,651 - \$74,350	<input type="checkbox"/> \$74,351 - \$118,950	<input type="checkbox"/> \$118,951 & above

SIGNATURE - By signing below, I am certifying that all information contained on this form is complete and true to the best of my knowledge.

Head of Household – Signature

Date

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

