

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

INSTRUCTIONS: *This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.*

*******Contact Beneficiary Information*******

Today's Date: _____

Last Name: _____ **Email:** _____

Address:	City:		
Phone:	State:	Zip Code:	

Where were you born? _____ **Are you a US Citizen?** Yes No

Proof of Gwinnett Residence and U.S. citizenship Documented: (Check document presented below)

- Driver License
- Government issued Identification Card
- Permanent Residence Card/ Visa
- Utility Bill

Member Information:

First Names:	HH	CH	DIS	62+	S≥18	<18	<15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

COVID Statement

I/we certify that our family has been directly affected by COVID, and the services provided by this organization will provide assistance during this time of hardship. My/Our combined annual income as well as the low and moderate income data certifies my/our eligibility for the services provided from this organization in association with the HUD CDBG program.

*Initials _____.

<i>Income Information (Check all that applies)</i>	<i>Amount Per Month</i>	<i>Agency Verified Docs N Y</i>
<input type="radio"/> Employment		
<input type="radio"/> Unemployment		
<input type="radio"/> Social Security		
<input type="radio"/> Disability		
<input type="radio"/> Pension		
<input type="radio"/> Child Support		

Other: _____

Annual gross income (total of all members X 12) = \$ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

*Initials _____

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HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by 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 Governor.