



2022 CDBG INCOME QUALIFICATION FORM FOR A JOHNSON COUNTY CDBG FUNDED ACTIVITY

CDBG-10

Must be filled out and signed each calendar year assistance is requested. Income documentation must be dated December 2021 or later.

1. _____ 2. _____ 3. _____
APPLICANT Last Name First Name Phone

4. _____ 5. _____ 6. _____
 Street City Zip

Note: Residents of LENEXA, OLATHE, OVERLAND PARK, SHAWNEE or cities OUTSIDE of Johnson County are NOT eligible

7. Including yourself, how many persons make up your household? _____

8. Is this a female headed household? YES _____ NO _____

9. Is the head of household elderly (Age 62+)? YES _____ NO _____

10. ETHNIC ORIGIN - How many members of the household are Hispanic/Latino? _____

11. RACE - How many members of the household are: (write number of persons in in each box)

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

OR

Black/African American & White American Indian/Alaskan Native & White Asian & White
 American Indian/Alaskan Native & Black/African American Other (Multi-racial)

12. Please provide information below for **ALL members residing in the current residence, related or not, even if they do not have any income (ALL members over 18 MUST sign this certification)**

| Name | Age | Sources of Income | Gross Annual Income |
|------|-----|-------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

13. TOTAL HOUSEHOLD PROJECTED GROSS ANNUAL INCOME (before taxes or deductions) \$ _____

14. Do you OR an immediate family member work for the granting agency or Johnson County? Yes No

*If YES, Conflict of Interest Determination Documentation MUST be completed prior to approval

Documentation of the income listed above or a zero income certification must be attached to this application and certified by grantee staff.

Certification

Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance I receive through this application.

 Applicant Signature Date

 Co-Applicant Signature Date

FOR AGENCY USE ONLY

Income is at/below 30% between 30 - 50% between 50 - 80% of **HUD Income Guidelines**

Agency MUST include a copy of the completed CPD income eligibility calculator (Part 5), available online at:

<https://www.hudexchange.info/incomecalculator/>

Certification of CDBG Eligibility conducted by (Print Name): _____ Date: _____

Signature: _____

SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTATION REQUIRED

| SOURCES OF MONTHLY INCOME | REQUIRED DOCUMENTS Attach copy of the following: |
|---|---|
| Wages, salaries, overtime pay, fees, tips, commissions, bonuses, & other compensation for personal services (before any payroll deductions) | Copy of most recent pay stubs |
| Child support payments | Copy of court order |
| Alimony | Copy of court order |
| Unemployment, worker's compensation, severance pay | Copy of pay stub/docs from payor |
| Welfare assistance | Letter of benefits from agency |
| Interest, dividends and other net income of any kind from real or personal property | Bank statements |
| Social Security | NEW benefit amount letter from Social Security |
| Annuities | Monthly payment statement |
| Retirement Funds | Monthly payment statement |
| Pensions | Monthly payment statement |
| Insurance Policies | Monthly payment statement |
| Disability or Death Benefits | Letter from Social Security or other payor agency |
| Net income from operating a business | Most recent state quarterly tax filing |
| | |

MONTHLY INCOME NOT COUNTED-No Documentation Required

- ✓ Food stamps
- ✓ Income from employment of children under 18 years of age
- ✓ Earnings in excess of \$480 for each full-time students 18 years and older
- ✓ Payments for foster care
- ✓ Lump sum payments such as inheritances, insurance payments
- ✓ Payments as reimbursements for medical costs
- ✓ Full amount of student financial assistance paid directly to students or institutions
- ✓ Refunds or rebates under state or local law for property taxes
- ✓ Amounts paid by state agency to family with member who has a developmental disability and is living at home