



EXHIBIT A
2018 - 2019 CDBG

CLIENT CERTIFICATION OF HOUSEHOLD COMPOSITION AND INCOME

Based on HUD FY2018 Income Limits Documentation.

Print Names of everyone in the house with income.

Please check the box next to the race category that best describes your race, please also indicate if you consider your ethnicity to be Hispanic.

The program under which you are receiving assistance utilizes City of Columbia Neighborhood Services Department, HUD funds. In accordance with the federal regulations governing the use of these funds, please supply the information requested below. This information is confidential and only for use by the public agencies providing this funding.

HOUSEHOLD SIZE Please check the box next to the total number of people that live in the household.	HOUSEHOLD INCOME Please check the box next to the total income of your household. Count all income of all household members.		
<input type="checkbox"/> 1 person	<input type="checkbox"/> less than \$14,700	<input type="checkbox"/> less than \$24,500	<input type="checkbox"/> less than \$39,150
<input type="checkbox"/> 2 people	<input type="checkbox"/> less than \$16,800	<input type="checkbox"/> less than \$28,000	<input type="checkbox"/> less than \$44,750
<input type="checkbox"/> 3 people	<input type="checkbox"/> less than \$18,900	<input type="checkbox"/> less than \$31,500	<input type="checkbox"/> less than \$50,350
<input type="checkbox"/> 4 people	<input type="checkbox"/> less than \$20,950	<input type="checkbox"/> less than \$34,950	<input type="checkbox"/> less than \$55,900
<input type="checkbox"/> 5 people	<input type="checkbox"/> less than \$22,650	<input type="checkbox"/> less than \$37,750	<input type="checkbox"/> less than \$60,400
<input type="checkbox"/> 6 people	<input type="checkbox"/> less than \$24,350	<input type="checkbox"/> less than \$40,550	<input type="checkbox"/> less than \$64,850
<input type="checkbox"/> 7 people	<input type="checkbox"/> less than \$26,000	<input type="checkbox"/> less than \$43,350	<input type="checkbox"/> less than \$69,350
<input type="checkbox"/> 8 people	<input type="checkbox"/> less than \$27,700	<input type="checkbox"/> less than \$46,150	<input type="checkbox"/> less than \$73,800

First Name	Last Name	D.O.B.	M/F	Head of household: Y/N	Monthly Income Per Person

	White		Black/African American		Asian		American Indian/Alaskan
	Native Hawaiian/Other Pac. Islander		American Indian Alaskan Native and White		Asian & White		Black & White
	American Indian/Alaskan Native & Black		Asian/Pacific Islander		Other Multi Racial		Hispanic

INCOME INFORMATION

Items needed (copies):

1. Photo ID, for head of household.
2. Monthly income for each member of the house with income (three most recent, consecutive paycheck stubs or last years income tax statement.)
3. Other income documentation (child support, alimony, welfare, etc)
4. Two most recent months bank statements for each bank account belonging to any household member
5. Any letter from an agency that verifies your client’s low-income status is acceptable, a letter from Public Housing, check stubs, etc.

Please answer each of the following questions. For each "yes," please provide documentation.

YES	NO	Does any member of your household: (circle yes or no)
Yes	No	1. Live in Public Housing or receive Section 8 rental assistance?
Yes	No	2. Work full-time, part-time, or seasonally?
Yes	No	3. Expect to work for any period during the next year?
Yes	No	4. Work for someone who pays them cash?
Yes	No	5. Now receive or expect to receive unemployment benefits?
Yes	No	6. Now receive or expect to receive child support?
Yes	No	7. Now receive or expect to receive alimony?
Yes	No	8. Now receive or expect to receive public assistance (welfare)?
Yes	No	9. Now receive or expect to receive Social Security or other retirement benefits?

APPLICANT CERTIFICATION

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of assistance. I hereby certify that my household size and income are as stated above. I consent to verification of this information by the service provider, the City of Columbia, or other governmental officials as required.

Signature of Head of Household

Date

Signature of Spouse

Date

Address Including Zip Code: _____

Agency Representative:	Date:
Verified by:	Date
Income Type:	