

# CITY OF MIDDLETOWN

Department of Planning, Conservation & Development



Community Development Division

## Community Development Block Grant Income Documentation Form

### Household Information

Name: \_\_\_\_\_ Number of Household Members \_\_\_\_\_  
 Address: \_\_\_\_\_ Number 18 and over \_\_\_\_\_  
 \_\_\_\_\_ Number Employed \_\_\_\_\_  
 \_\_\_\_\_ Head of Household Ethnicity \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Household Income

Self-certified \_\_\_\_\_ OR Documentation Submitted \_\_\_\_\_ (See requirements on next page)

Household Member	Annual Wages/Salaries	Annual Benefits/Pensions	Annual Public Assistance	Other
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____

Total Household Income \$ \_\_\_\_\_

### Household Assets

Assets that may apply to annual income include: Checking Accounts, Savings Accounts, Investments, Rental Properties and personal property held as an investment. Primary residence and personal vehicle are not included as assets.

Household Member	Asset Description	Actual Cash Value	Annual Income from Asset
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Totals		\$ _____ *	+ \$ _____

Total Household Income from Assets \$ \_\_\_\_\_

\*Less than \$5,000 enter \$0; If total actual cash value of households assets exceeds \$5,000 multiply by 2% to estimate amount considered income.

### Household Certification

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS Income listed above includes the income (including from assets) of all adults within the household. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal funds. Penalties for falsifying information may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

Print Head of Household Name \_\_\_\_\_ Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

Standards for Determining Income Eligibility

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Self-Certification Allowed

- Public Service programs
- Public Facility projects
- Employees (hired or retained) through Business Assistance

Income Documentation Required

- Business Assistance (Owner-eligible)
- Micro-assistance
- Housing Rehabilitation Activities
- Homebuyer Assistance Activities

<u>Type of Income</u>	<u>Standard</u>	<u>Includes</u>
Stable Income	Three consecutive months of income documentation	Salaried workers, full or part-time workers with stable hours
Irregular Income	12 months of income documentation	Self-employed, teachers, seasonal workers
No Income		Careful assessment is required when an applicant states that they have no income. It is important to note if the household expenses are paid and current or if they remain unpaid. Review checking account statements that may show frequent deposits that may mean income.