



**MARION COUNTY COMMUNITY SERVICES
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
SELF-CERTIFICATION FORM FOR 2022**

Information on annual family income is required to determine client eligibility for public services funded by the Marion County through the Community Development Block Grant (CDBG) program. Each client must indicate the number of persons in their family, and indicate whether total annual family income exceeds or falls below the listed figure for appropriate size family by indicating a check mark in the boxes below. Information provided is subject to verification by the agency providing services, the U.S. Department of Housing and Urban Development (HUD), and/or Marion County.

NOTE: "Income" is the total annual income of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income whether or not the family member receives assistance.

2022 CDBG Income Guidelines– Circle the appropriate box:

Family Size	Group 1	Group 2	Group 3	Group 4
1 Person	\$0 - \$24,850	\$24,851 - \$41,400	\$41,401 - \$66,250	\$66,251 +
2 Person	\$0 - \$28,400	\$28,401 - \$47,300	\$47,301 - \$75,700	\$75,701 +
3 Person	\$0 - \$31,950	\$31,951 - \$53,200	\$53,201 - \$85,150	\$85,151 +
4 Person	\$0 - \$35,450	\$35,451 - \$59,100	\$59,101 - \$94,600	\$94,601 +
5 Person	\$0 - \$38,300	\$38,301 - \$63,850	\$63,851 - \$102,200	\$102,201 +
6 Person	\$0 - \$41,150	\$41,151 - \$68,600	\$68,601 - \$109,750	\$109,751 +
7 Person	\$0 - \$44,000	\$44,001 - \$73,300	\$73,301 - \$117,350	\$117,351 +
8 Person	\$0 - \$46,800	\$46,801 - \$78,050	\$78,051 - \$124,000	\$124,001 +

Presumed Low- and Moderate-Income Persons

In some cases, a funded program may generally presume that an individual meets the federal income requirements because the funded activity(ies) exclusively serve a group of persons in any one or a combination of the following 8 categories. If using this method to certify eligibility, a client must check the box next to the category(ies) of which they are a member:

"Severely disabled" Adult	<input type="checkbox"/>	Persons Living with AIDS	<input type="checkbox"/>
Elderly Persons (62 and older)	<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>
Battered Spouse	<input type="checkbox"/>	Migrant Farm Workers	<input type="checkbox"/>
Homeless Persons	<input type="checkbox"/>	Abused Children	<input type="checkbox"/>

Race (check one of the following 10 categories):

American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaskan Native AND White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian AND White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Black/African American AND White	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native AND Black/African-American	<input type="checkbox"/>
White	<input type="checkbox"/>	Balance / Other	<input type="checkbox"/>

Ethnicity (check one):

Hispanic / Latino	<input type="checkbox"/>
Not Hispanic / Latino	<input type="checkbox"/>

I certify that the information provided on this form is accurate and complete, and that I am a resident of the Marion County. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate- income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, Marion County and/or HUD.

I therefore authorize such verification, and will provide supporting documents if requested. **WARNING:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

Applicant's Name (Please Print): _____

Applicant's Signature _____ **Date** _____
(Signature of a parent or guardian person to receive services is a minor)

Applicant's Address _____

Agency Staff Name (Please Print): _____ Date _____

Agency Staff Signature _____

