

**U.S. Department of Housing and Urban Development
Community Planning and Development
Community Development Block Grant (CDBG) Program
SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY¹**

Assistance to the food bank program was made possible with federal Community Development Block Grant (CDBG) funds provided by the U.S. Department of Housing and Urban Development (HUD) through the City of Pittsburgh.

The CDBG program requires information on family size and income so that it is evident that a portion of program participants are from low- and moderate-income households. Your cooperation in completing this form is appreciated.

Beneficiary Information:

Last Name:	Beneficiary ID (if applicable):
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Check the box which represents family size and gross income level: (eff. 07/01/20)

Family Size	Total Annual Family Gross Income (30%)	Total Annual Family Gross Income (50%)	Total Annual Family Gross Income (80%)	Total Annual Family Gross Income (over 80%)
1	<input type="checkbox"/> \$0 - \$17,450	<input type="checkbox"/> \$17,451 - \$29,050	<input type="checkbox"/> \$29,051 - \$46,500	<input type="checkbox"/> \$46,501+
2	<input type="checkbox"/> \$0 - \$19,950	<input type="checkbox"/> \$19,951 - \$33,200	<input type="checkbox"/> \$33,201 - \$53,150	<input type="checkbox"/> \$53,151+
3	<input type="checkbox"/> \$0 - \$22,450	<input type="checkbox"/> \$22,451 - \$37,350	<input type="checkbox"/> \$37,351 - \$59,800	<input type="checkbox"/> \$59,801+
4	<input type="checkbox"/> \$0 - \$24,900	<input type="checkbox"/> \$24,901 - \$41,500	<input type="checkbox"/> \$41,501 - \$66,400	<input type="checkbox"/> \$66,401+
5	<input type="checkbox"/> \$0 - \$26,900	<input type="checkbox"/> \$26,901 - \$44,850	<input type="checkbox"/> \$44,851 - \$71,750	<input type="checkbox"/> \$71,751+
6	<input type="checkbox"/> \$0 - \$28,900	<input type="checkbox"/> \$28,901 - \$48,150	<input type="checkbox"/> \$48,151 - \$77,050	<input type="checkbox"/> \$77,051+
7	<input type="checkbox"/> \$0 - \$30,900	<input type="checkbox"/> \$30,901 - \$51,500	<input type="checkbox"/> \$51,501 - \$82,350	<input type="checkbox"/> \$82,351+
8	<input type="checkbox"/> \$0 - \$32,900	<input type="checkbox"/> \$32,901 - \$54,800	<input type="checkbox"/> \$54,801 - \$87,650	<input type="checkbox"/> \$87,651+

¹ This is a written statement from the beneficiary documenting the definition used to determine "Annual Income", which is the gross amount of income of all adult household members (at the time of admission) that is anticipated to be received during the coming 12-month period and includes providing the relevant characteristics of each household member. "Annual Income" is defined at 24 CFR Part 5.609. **See attached Family Income Guidelines.**

To complete this statement, fill in the 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 the source documentation will be provided upon request.

Family Member Information:

First Names:	Member IDs (if applicable):	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

