



## The Futures Fund: Participant Application Spring 2016 Program

Student Name: \_\_\_\_\_  
Program: \_\_\_\_\_

Eligible: ☐  
Ineligible: ☐  
Reason: \_\_\_\_\_

### Self Declaration of Income

This activity is assisted with federal Community Development Block Grant (CDBG) funds which are intended to primarily benefit low to moderate-income households (LMI). This requires that the Applicant certify the amount of their annual household income in order to participate in the program. Applicant should not provide his or her signature unless he or she has read and understands the income information they are certifying under penalty of law. At the discretion of the program, Applicant may be required to provide documentation to support the self-declaration of income. Additional questions on ethnicity, race, sex, householder status, and age are used in federal reports to ensure non-discrimination in provision of federal assistance, and in targeting assistance.

### Applicant Information

1. Applicant Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
2. Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
3. Tel No.: \_\_\_\_\_ 4. Ethnicity (*check one*): ☐ Hispanic or Latino; ☐ Not Hispanic or Latino  
5. Race (*check all that applies*): ☐ American Indian or Alaska Native; ☐ Asian; ☐ Black or African American;  
☐ Native Hawaiian or Other Pacific Islander;  
6. Sex: ☐ Male ☐ Female 7. Age: \_\_\_\_\_ 8. Head of Household ☐ Yes ☐ No

### Applicant Household Income Information

Estimate the annual income of the household by projecting the total amount of income for all persons (related or not) including unborn children of pregnant women living in the household at the time the assistance was requested. Estimated annual income shall include income from all sources of household members as applicable, including social security and retirement. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

9. Annual Household Income: \$ \_\_\_\_\_ 10. Number of persons living in household: \_\_\_\_\_

### Applicant Self Declaration Certification

Evidenced by the signature below, Applicant certifies his or her annual household income. Applicant certifies that the information herein provided is true and accurate. Applicant further acknowledges that any inaccuracy or misrepresentation provided herein may constitute fraud, which is punishable by law. Applicant certifies that all information provided herein and any attachments hereto, are true and correct as of the date set forth opposite signature. Applicant acknowledges that Title 18, Section 1001 of the U.S. Code states that any person that makes intentional or negligent statements to any department of the United States Government is guilty of a felony that could result in but not be limited to a fine, imprisonment, or both.

\_\_\_\_\_  
11. Applicant Signature Date

### Program Use Only:

12. Project/Activity Name: \_\_\_\_\_  
13. HUD Income guidelines used to certify client dated: \_\_\_\_\_  
14. HUD maximum income allowance based upon the size of household is: \$ \_\_\_\_\_  
15. Based upon client information provided, client household (*check one*):  
☐ Not Low Income; ☐ Low; ☐ Very Low; ☐ Extremely Low

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_