



Community Development Block Grant (CDBG)

City & County of San Francisco

2014-2015 Family Income Verification Form

AGENCY INSTRUCTIONS

1. Use the Family Income Verification Form Instructions to help with form completion
2. Please complete and review this form with client
3. This form must be kept on file for five years
4. All items must be completed unless otherwise noted.

CLIENT INFORMATION

Client Name/Unique Identifier: _____

Address: _____ City: _____ CA Zip Code: _____

Phone #: _____ e-mail: _____ Day/Month/Year of Birth: _____ Male ___ Female ___ Transgender ___
(OPTIONAL) (OPTIONAL)

ETHNICITY (Please also make a selection from the "RACE" options in the next box)

Hispanic/Latino (a): Yes ☐ No ☐

RACE

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native & White (or "Mestizo") | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other or Multiracial (please specify): _____ |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> White |

FAMILY INFORMATION

A family is defined all persons living in the same household who are related by birth, adoption, marriage, or domestic partnership.

☐ Single Female Headed Family ☐ Single Male Headed Family ☐ Dual Headed Family

of persons living in your family? _____ Total estimated income for next 12 months for all family members: _____

OPTIONAL CATEGORIES

☐ Gay ☐ Lesbian ☐ Bisexual

Cultural Affiliation or Nationality: _____
(Please see instruction sheet and list of U.S. Census categories)

(Please continue on reverse – Income Verification)

CURRENT INCOME INFORMATION

(Number of persons in FAMILY INFORMATION must match this section)

(CIRCLE correct income level. If number of family members is greater than 8, refer to instruction sheet.)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	\$0 – 23,250	\$0 – 26,600	\$0 – 29,900	\$0 – 33,200	\$0 – 35,900	\$0 – 38,550	\$0 – 41,200	\$0 – 43,850
Low Income	\$23,251- 38,750	\$26,601- 44,300	\$29,901- 49,850	\$33,201- 55,350	\$35,901- 59,800	\$38,551- 64,250	\$41,201- 68,650	\$43,851- 73,100
Moderate Income	\$38,751- 62,050	\$44,301- 70,900	\$49,851- 79,750	\$55,351- 88,600	\$59,801- 95,700	\$64,251- 102,800	\$68,651- 109,900	\$73,101- 117,000
Above Moderate Income	\$62,051 or greater	\$70,901 or greater	\$79,751 or greater	\$88,601 or greater	\$95,701 or greater	\$102,801 or greater	\$109,901 or greater	\$117,001 or greater

INCOME CERTIFICATION

Interviewer: **Check** the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.

- ☐ CalWorks ☐ Food Stamps ☐ Medi-CAL ☐ Tax Return (most recent) ☐ Unemployment (check stub)
☐ SSI** ☐ Payroll Stub** ☐ Other (i.e. public housing/foster care)** _____

(**current-within 2 months)

☐ Self certified. Please explain: _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/CDBG officials.

CLIENT

Client Printed Name

Parent/Client Signature

Date

INTERVIEWER

Interviewer Printed Name

Interviewer Signature

Date

NOTES: