



**Annual Household Income Verification**

**CDBG Income Verification Form (grant purposes only)**

You **MUST** provide proof of income (3 consecutive paystubs, government assistance award letter, or a copy of last year's federal tax return) in order to complete enrollment. This information will not be shared with anyone and is only used for grant purposes.

Household Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Children In Household Name(s):

_____	_____
_____	_____
_____	_____
_____	_____

**Income Information**

Annual Household Gross Income: \$ \_\_\_\_\_

Please list any other household secondary income: \$ \_\_\_\_\_

**Certification**

I/we certify that all information submitted to verify income is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Type of Income Verification (circle):    3 Paystubs        Government Award Letter        Tax Return

Verified Total Annual Household Gross Income: \_\_\_\_\_

Determined Income Limits (circle):    Extra Low        Very Low        Low        Moderate

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_