

HOUSEHOLD INCOME CERTIFICATION WORKSHEET

Agency Name: Society of Samaritans	CDBG
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Applicant Name (Head of Household) :

Anticipated Annual Income	List ALL Family Member Names	Relation to Head	Date of Birth	Full-time Student?	Wages & Salaries	Benefits & Pensions	Public Assistance Exclude food	Other Income	Income Source	
					<input type="checkbox"/> Yes <input type="checkbox"/> No					
					<input type="checkbox"/> Yes <input type="checkbox"/> No					
					<input type="checkbox"/> Yes <input type="checkbox"/> No					
					<input type="checkbox"/> Yes <input type="checkbox"/> No					
					<input type="checkbox"/> Yes <input type="checkbox"/> No					
Line 1	Totals:				\$0.00	\$0.00	\$0.00	\$0.00		
Line 2	TOTAL Income from Wages, Salaries, Benefits, Pensions, Public Assistance, and Other: Enter sum of totals from Line 1.								\$0.00	

Asset Income	Family Member Name	Social Security Number	Asset Description	Current Cash Value of Assets	Actual Income from Assets	List Source	Verification in Client's File	
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
Line 3	Total Current Cash Value of Assets				\$0.00			
Line 4	Total Actual Income from Assets				\$0.00			
Line 5	Imputed Income from Assets				\$0.00			
					If Line 3 is greater than \$5,000, multiply Line 3 by 2%. If Line 3 is \$5,000 or less, enter zero.			
Line 6	TOTAL INCOME FROM ASSETS: Enter the greater of Line 4 or Line 5						\$0.00	
Line 7	ANTICIPATED ANNUAL GROSS INCOME: Line 2 plus Line 6						\$0.00	

Certification	<p>Applicant: I/We certify that the information presented on this form is true and complete to the best of my/our knowledge and belief.</p>	
	Signature - Head of Household _____ Date _____	Signature - Co-Head of Household _____ Date _____
	<p>COG: I have reviewed, verified, and confirmed the information presented on this form is in accordance with HUD requirements. I hereby certify that the information presented herein is complete and accurate to the best of my knowledge.</p>	
	Signature - Authorized Representative of Administrator _____ Date _____	



WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.