

2023 STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS

The Department of Housing and Urban Development – Community Development Block Grant funds have been awarded to fund {AGENCY NAME} _____ program. Federal regulations require the program to provide benefit to low and moderate-income persons. All questions on this document must be completed. The form must be acknowledged and signed.

- 1. Name of person completing form: _____
- 2. Head of Household Name _____
- 3. Home Address: _____
 (address) (city) (state) (zip code)
- 4. Is the Head of Household:
 - a. Female? Yes _____ No _____
 - b. Disabled? Yes _____ No _____
 (*A disability is a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.*)
 - c. Age 62 years or older? Yes _____ No _____
- 5. Total annual household income: _____ (*Income applies to all adults 18 years or older living in household*)
- 6. Total Number of Persons in Household: _____
- 7. Number of household members being served by program: _____ Name of Program: _____
- 8. For each household member served by the program, please answer **both** a and b, placing the number of household members that meet the criteria of the category in the blanks or column. Note that this information is required for reporting purposes.
 - a. Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____
 - b. Race: (*Please check appropriate box below*)

SINGLE RACE CATEGORY		MULTI-RACE CATEGORY	
<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaska Native & White
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	American Indian/Alaska Native & Black / African American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Other Multi-race (Please explain)

THIS INFORMATION WILL BE USED FOR NO OTHER PURPOSE THAN TO DETERMINE AND VERIFY INCOME ELIGIBILITY AND WILL BE HELD STRICTLY CONFIDENTIAL

I hereby certify that, to the best of my knowledge, the above information is complete and correct. I understand that the information I have provided is subject to verification by the City and County of Denver and HUD. (Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. [18 U.S.C. 1001, 1010, 1012; 13 U.S.C. 3729, 3802])

 Signature (or Parent/Legal Guardian if applicant is under 18 years of age) _____
 Date

***** For Office Use Only *****

Median Income Level:

 30% 50% 80% 80%+ Reviewer Date

INSTRUCTIONS FOR REVIEWING AND DETERMINING ELIGIBILITY OF APPLICANT COMPLETING THE STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS FORM:

The Department of Housing and Urban Development – Community Development Block Grants have been awarded to fund this activity. Federal regulations require the activity to provide benefit to at least 51 percent low- and moderate-income persons. All questions on the Statement of Household Income/Demographics Form must be completed. The form must be acknowledged and signed.

1. Verify that all questions are completed. Note that Question 7 pertains to all household members served directly by your program. Question 8 a and b apply to the same population. **Both** questions 8a and 8b must be completed and should total to the same number. For example, if three members of the household are identified as non-Hispanic and one is identified as Hispanic, the total of the numbers in the race category must total four.
2. Check the table to verify that the applicant has selected one of ten choices as outlined in the race category of the table. *(See HUD OMD Standards for Federal Data on Race & Ethnicity.)*
 NOTE: Question No. 4 only applies to the head of the household. However, the person completing the Statement does **not** have to be the head of household.
3. Based on the responses to questions #5 and #6, use the income limit table below to determine percentage median income.
 - a. Find column for household size. (Refer to answer to question 6)
 - b. Staying in same household size column, find income range that corresponds to total household income. (Refer to answer to question 5)
 - c. The percentage of median income is shown to the furthest left column.
 - d. On the bottom of the “STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS”, mark percentage of median income in “FOR OFFICE USE ONLY SECTION”

EXAMPLE: If the total number of persons in a household is three (3) and the total household income is \$37,000, the median income level is 50% of Median Income. The median income level is 50% because the total household income is “at or below” \$55,850; however, it is above 30% median income (\$33,550).

2023 INCOME GUIDELINES (Effective as of June 15, 2023)								
80% of Median Income Guidelines (Low Income):								
Household Size	1	2	3	4	5	6	7	8
Annual Income	66,300	75,750	85,200	94,650	102,250	109,800	117,400	124,950
50% of Median Income Guidelines (Very Low Income)								
Household Size	1	2	3	4	5	6	7	8
Annual Income	43,450	49,650	55,850	62,050	67,050	72,000	76,950	81,950
30% of Median Income Guidelines (Extremely Low Income)								
Household Size	1	2	3	4	5	6	7	8
Annual Income	26,100	29,800	33,550	37,250	40,250	43,250	46,200	49,200

The Statement of Household Income/Demographics form must be signed and dated by the prospective/active applicant if that individual is 18 or older, or the individual’s parent/legal guardian if the applicant is under 18 years of age.

If you have questions, need technical assistance in the review of this form or in the determination of eligibility, contact your DEDO representative.