



CITY OF CRANSTON
Department of Community Development

INCOME CERTIFICATION FORM
Household assisted by a CDBG-Funded Activity

Income Limits required by the U.S. Dept. of Housing & Urban Development – Please circle only the one box that corresponds to your total household income. Do not circle an entire column.

Income Limits Effective April 1, 2025

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 24,050	0- 27,450	0 - 30,900	0- 34,300	0- 37,650	0- 43,150	0- 48,650	0- 54,150
	24,051- 40,050	27,451- 45,750	30,901- 51,450	34,301- 57,150	37,651- 61,750	43,151- 66,300	48,651- 70,900	54,151- 75,450
	40,051- 64,050	45,751- 73,200	51,451- 82,350	57,151- 91,450	61,751- 98,800	66,301- 106,100	70,901- 113,400	75,451- 120,750
	64,051 - or more	73,201 - or more	82,351 - or more	91,451 - or more	98,801- or more	106,101- or more	113,401 - or more	120,751 - or more

Ethnicity: (select one only) Hispanic or Latino Not Hispanic or Latino

Race: (select one or more)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black /African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> White/Hispanic |

Other: (select all that apply)

- Handicapped or Disabled
- Female Head of Household
- Elderly (62 or over)
- Minors (up to age 18)

Applicants' Signature

Printed Name

Date

If client is below 18 years of age, the parent or legal guardian must verify income and sign the form.

I certify, under the penalties of law, this income information is correct, and I understand that the information I have provided on my household income is subject to verification by authorized representatives of the City of Cranston, Department of Community Development, and the U.S. Department of Housing and Urban Development. **This information will be kept confidential and used for HUD monitoring purposes only.**

Signature of Parent/Legal Guardian: _____ **Date:** _____

Printed Name of Parent/Legal Guardian: _____