



**CITY OF CRANSTON**  
**Department of Community Development**

**INCOME CERTIFICATION FORM**  
**USE ONLY April 1, 2021 - JUNE 30, 2021**  
**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, 2021**

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 18,200	0- 20,800	0 - 23,400	0- 26,500	0- 31,040	0- 35,580	0- 40,120	0- 44,660
	18,201- 30,300	20,801- 34,600	23,401- 38,950	26,501- 43,250	31,041- 46,750	35,581- 50,200	40,121- 53,650	44,661- 57,100
	30,301- 48,450	34,601- 55,400	38,951- 62,300	43,251- 69,200	46,751- 74,750	50,201- 80,300	53,651- 85,850	57,101- 91,350
	48,451 - or more	55,401- - or more	62,301 - or more	69,201 - or more	74,751- or more	80,301- or more	85,851 - or more	91,351- 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:** \_\_\_\_\_