



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 June 15, 2022

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 20,300	0- 23,200	0 - 26,100	0- 29,000	0- 31,350	0- 33,650	0- 36,000	0- 38,300
	20,301- 33,850	23,201- 38,700	26,101- 43,550	29,101- 48,350	31,351- 52,250	33,651- 56,100	36,001- 60,000	38,301- 63,850
	33,851- 54,150	38,701- 61,900	43,551- 69,650	48,351- 77,350	52,251- 83,550	56,101- 89,750	60,001- 95,950	63,851- 102,150
	54,151 - or more	61,901- or more	69,651 - or more	77,351 - or more	83,551- or more	89,751- or more	95,951 - or more	102,151 - 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: _____