

**Community Development Grants Administration**

**YEAR 2016 - CLIENT INCOME CERTIFICATION OF FAMILY SIZE AND INCOME**  
**(For CDBG Federally-Funded Programs)**

AGENCY NAME: \_\_\_\_\_ Funded Program: \_\_\_\_\_

The following information is needed because we are a government-funded agency and they require that we verify the income of the clients that we serve.

MY CURRENT FAMILY SIZE AND INCOME LEVEL IS CIRCLED BELOW: (Circle the appropriate number in your household and income level). Reportable income includes wages, salaries, pensions, child support, rental income, investment income.

**CERTIFICATION OF FAMILY SIZE AND INCOME**

Family Income (at time of entry into your CDGA program) - Circle number in household and Family Income

**(HUD 2016 Income Limits) Median Income \$70,200 (Milwaukee-Waukesha-West Allis MSA)**

<b>NUMBER IN HOUSEHOLD</b>	<b>EXTREMELY LOW INCOME LEVEL</b>	<b>VERY LOW INCOME LEVEL</b>	<b>LOW INCOME LEVEL</b>	<b>NON LOW INCOME LEVEL</b>
1	\$ 14,750	\$ 14,751 - \$24,600	\$ 24,601 - \$39,350	Over \$39,350
2	16,850	16,851 - 28,100	28,101 - 44,950	Over \$44,950
3	20,160	20,161 - 31,600	31,601 - 50,550	Over \$50,550
<b>4</b>	<b>24,300</b>	<b>24,301 - 35,100</b>	<b>35,101 - 56,150</b>	<b>Over \$56,150</b>
5	28,440	28,441 - 37,950	37,951 - 60,650	Over \$60,650
6	32,580	32,581 - 40,750	40,751 - 65,150	Over \$65,150
7	36,730	36,731 - 43,550	43,551 - 69,650	Over \$69,650
8	40,890	40,891 - 46,350	46,351 - 74,150	Over \$74,150

***Please note: move straight across chart after circling number in household***

**DEFINITIONS:**

- 1) Extremely Low Income Level. This income level is at or less than 30% of County Median Income.
- 2) Very Low Income Level. This income level is between 31% and 50% of County Median Income.
- 3) Low Income Level. This income level is between 51% and 80% of County Median Income.
- 4) Non Low Income Level – Above 80% of County Median Income.

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_