

**INCOME CERTIFICATION FORM**

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PROGRAM: \_\_\_\_\_ PROJECT: \_\_\_\_\_

To participants in this project:

The City of Madison Community Development Block Grant Office has made available some of the financing for this project. In order to document that benefits are received by the target population defined by the Federal Department of Housing and Urban Development, we request that you review the income and residency limits stated below, and check the appropriate description. We appreciate your help in tracking the use of these funds. If you have additional comments or questions concerning the program, please contact us.

CDBG Office: Madison Municipal Building, Room 225  
 215 Martin Luther King Jr. Blvd.  
 P.O. Box 2627  
 Madison, WI 53701-2627

Phone: 266-6520  
 261-9661 (FAX)

E-mail: [cdbg@cityofmadison.com](mailto:cdbg@cityofmadison.com)

\_\_\_\_\_ A. I/We hereby certify that I am/we are residents of the City of Madison, and that within the past twelve months my/our household income has been less than the maximum shown for my/our household size.

<u>Household Size</u>	<u>Maximum Annual Gross Income</u> (Total combined income from all sources for all members of the household.)
1	\$45,500
2	\$52,000
3	\$58,500
4	\$65,000
5	\$70,200
6	\$75,400
7	\$80,600
8	\$85,800

\_\_\_\_\_ B. I/we are not residents of the City of Madison.

\_\_\_\_\_ C. I/we are residents of the City, but exceed the income limits indicated above.

I certify that the above information is complete and correct. Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payments from annuities, retirement plans, social security, and any other source of income. I agree to provide documentation to verify household income level upon request by the agency, CDBG, or HUD.

\_\_\_\_\_  
 Resident/Employee/Owner

\_\_\_\_\_  
 Resident/Employee/Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date