

Income Self-Certification Form- 80% County Median Income

AGENCY:		
PROGRAM:		
To participants i	n this project:	
through federal by the Departme	resources. In order to document	Division has provided some of the financing for this project that benefits are received by the target population defined spment (HUD), we ask that you review the residency and iate description.
CHECK ONE		
A.		ents of the City of Madison, and that within the past twelve ne has been less that the maximum shown for my/our
	Household Size	Maximum Annual Gross Income (Total combined income from all sources for all members of the household.)
	1 2 3 4 5 6 7 8	\$72,700 \$83,100 \$93,500 \$103,850 \$112,200 \$120,500 \$128,800 \$137,100
B.	I/we are not residents of the City of Madison.	
C.	I/we are residents of the City, but my/our household income is greater than the levels indicated above.	
interest, dividen and any other s	ds, commissions, rents received, pource of income. I certify that the	come from all sources, including, but not limited to wages, bayments from annuities, retirement plans, social security, e above information is complete and correct. I agree to e level upon request by the agency, CDBG, or HUD.
Resident/Employee/Owner		Resident/Employee/Owner
Date		Date