



# Utility Assistance Program

FUNDED WITH HUD COMMUNITY DEVELOPMENT  
BLOCK GRANT COVID (CDBG-CV) FUNDS

Eligible families may receive up to six months of payment assistance to bridge a financial crisis directly related to a COVID-19 financial loss. This program must meet federal guidelines established by the Department of Housing and Urban Development (HUD) and applicants must meet federal income eligibility guidelines to qualify.

## MINIMUM QUALIFICATIONS

- Must have a City of Allen utility account in “good standing,” meaning the minimum payment has been made and the resident has been put on a payment plan. **Customers must continue paying the minimum payment during the grant approval process, which may take several weeks.**
- Must be an Allen resident
- All household members must be U.S. Citizens or Legal Permanent Residents
- Must demonstrate a financial hardship due to loss of income, reduction in income, or for persons who either contracted the coronavirus or had to quarantine because of the coronavirus and suffered a financial hardship.
- Must not have received duplicated benefits from another grant source
- Must have a documented income that does not exceed 80% of Area Median Income, as outlined below:

INCOME QUALIFICATION CHART								
FY 2020 Income Limit Category	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
80% of Collin County 2020 Area Median Income Maximum	\$49,850	\$57,000	\$64,100	\$71,200	\$76,900	\$82,600	88,300	\$94,000

## REQUIRED DOCUMENTATION

At a minimum, applicants must provide:

- Photo identification for all household members 18 years or older (Driver’s license, passport, permanent resident cards, etc.)
- Social Security cards of all household members
- Most recent water bill
- Documentation of COVID Related Loss: Furlough or termination letter or other documentation from an employer explaining a job loss due to COVID, medical bills, etc. If that is not available, then applicants can provide a Letter of Explanation in lieu of.
- Income Self-Certification form certifying that your family meets the above-mentioned income limits.

## APPLICATION PROCESS

Applications will be available beginning February 1, 2021. The program is available to City of Allen residential utility customers currently delinquent on their bill and participating in a payment plan. All applicants must meet the United States Department of Housing and Urban Development (HUD) Community Development Block Grant COVID (CDBG-CV) requirements.

**Submission of an application is not a guarantee of funding.** Funding for this program is limited and the program is subject to close without warning.

## REQUEST AN APPLICATION

Contact Shaun Davis to request an application.

**EMAIL:** [shdavis@cityofallen.org](mailto:shdavis@cityofallen.org)  
**PHONE:** 214.509.4175



# COVID-19 Relief Assistance Checklist

The City of Allen’s Community Enhancement Department anticipates receiving COVID Relief grant funds from several different sources throughout 2021. Each source may vary in specific guidelines, but most require the same base information and income qualifications. We want to make sure we serve our citizens to the best of our ability by making them aware of all possible assistance they may qualify for as well as streamlining the application processes as much as possible. Please take a moment to fill out the following checklist so we know how to assist you best.

## CHECK ALL THAT APPLY:

- My household has suffered a COVID-related financial loss between March 1, 2020 and now.
- I am currently behind or fear I could become behind on the following bills:
  - Lease
  - Mortgage
  - Water
  - Other: \_\_\_\_\_
  - Electric
  - Gas
  - Internet
- I am a U.S. Citizen or Legal Permanent Resident. *This does not prohibit you from all programs, but is a requirement for some.*
- My household needs food assistance.
- I pay rent for my place of residence. *Please note the number of bedrooms and monthly rent amount:*  
 \_\_\_\_\_ bedrooms | \$\_\_\_\_\_ monthly rent
- Student(s) in my household under age 18 and enrolled in Allen ISD (either at-home or in-person) could benefit from additional tutoring due to falling behind between March 1, 2020 and now.
- I own my residence and I’m interested in learning more about Home Repair grants.

## HOUSEHOLD SIZE - Please check one:

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people

## HOUSEHOLD INCOME - Please check the range that best represents your household’s GROSS (pre-tax) income. Household income includes ALL income made by those over age 18.

- \$0-\$49,850
- \$49,851-\$57,000
- \$57,001-\$64,100
- \$64,101-\$71,200
- \$71,201-\$76,900
- \$76,901-\$88,600
- \$82,601-\$88,300
- \$88,301-\$94,000

Please provide any additional information to help us pair you with the best resources for your family:

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Return this form and attached application to Shaun Davis, Planner (Ph: 214.509.4175). Please call to check on receipt if you do not receive a reply via email and/or a call within two weeks of mailing.

**EMAIL:** [shdavis@cityofallen.org](mailto:shdavis@cityofallen.org)  
**MAIL:** City of Allen Community Enhancement  
 Attn: Shaun Davis, Planner  
 305 Century Parkway, Allen, TX 75013

**IN PERSON:** Permitting Window  
 Allen City Hall  
 305 Century Parkway  
 Allen, TX 75013



## Community Enhancement Universal Application for COVID Assistance Programs

**For Grant Coordinator's Use Only:**

CDBG-CV (UB)\_\_\_\_ / CDBG-CV(Tutoring) \_\_\_\_ /Refer to TDHCA Rental: TERAP\_\_\_\_TEDP\_\_\_\_/Refer to Collin County ERAP\_\_\_\_/Refer to ACO\_\_\_\_

***To apply for assistance, the household must meet the following income criteria:***

Household Size	Maximum Income Limits	Types of Income
1	\$49,850	When calculating the maximum household gross income, the following types of income are included: employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker's Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source.
2	\$57,000	
3	\$64,100	
4	\$71,200	
5	\$76,900	
6	\$82,600	
7	\$88,300	
8	\$94,000	

***Minimum qualifications for Assistance Programs***

- Must be an Allen resident,
- All household members must be a U.S. Citizen or Legal Permanent Resident (Exceptions for Collin County ERAP),
- Must have experienced a documented financial hardship **due to the COVID-19 pandemic**.
- Have not received duplicated benefits from another grant source,
- Have a documented income that does not exceed 80% of Area Medium Income, as outlined above.

***Approval is subject to availability of funds***

**NOTE: This application provides for base eligibility criteria to help City Staff determine what programs you may be eligible for. Upon verifying initial eligibility, additional information/documentation may be required depending on the funding source. Eligibility criteria is subject to change.**

**Please complete the application COMPLETELY and ACCURATELY. Ensure all blanks are filled and dates included where appropriate. If an item is not applicable, insert "N/A". Failure to provide complete and accurate information may result in a loss or denial of assistance. Only complete applications will be accepted.**

**PROPERTY ADDRESS**

Number _____	Street _____	Apt _____	Allen, Texas	Zip _____
Mailing Address (if different from above) _____				
Subdivision or Apartment Complex _____				

**I. APPLICANT INFORMATION**

Applicant's Name (Head of Household):		Co-Applicant's Name (If there is a secondary person listed on the deed/lease/or bill)	
Social Security #	Date of Birth	Social Security #	Date of Birth
Primary Phone Number:		Primary Phone Number:	
Secondary Phone Number:		Secondary Phone Number:	
E-mail address:		E-mail address:	
<b>Marital Status:</b> ___ Married ___ Single        ___ Divorced ___ Separated    ___ Widowed	<b>Place of Birth (City, State):</b>	<b>Marital Status:</b> ___ Married ___ Single        ___ Divorced ___ Separated    ___ Widowed	<b>Place of Birth (City, State):</b>

**II. HOUSEHOLD COMPOSITION**

List everyone living in the house **EXCLUDING APPLICANT AND CO-APPLICANT**. This includes all temporary household residents who do not maintain a regular residence in another location. You will need to provide social security cards for every member of the household **and** photo identification for all household members 18 years or older before eligibility will be determined. Proof of citizenship and/or permanent residency will be required.

Legal Name	Relation to Head	Age	Place of Birth	Birth Date	U.S. Citizen/LPR	Social Security #

**III. APPLICANT EMPLOYMENT INFORMATION**

<i>Applicant</i>	<i>Co-Applicant</i>
<b>Employer:</b>  <b>Employer's Address:</b>	<b>Employer:</b>  <b>Employer's Address:</b>
<b>Work Phone #</b>	<b>Work Phone #</b>
<b>Position/Title/Type of Business:</b>	<b>Position/Title/Type of Business:</b>
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
<b>Wages: \$</b> _____ <b>Per</b> _____	<b>Wages: \$</b> _____ <b>Per</b> _____
<b>Additional Employment:</b>	
<b>Employer:</b>  <b>Employer's Address:</b>	<b>Employer:</b>  <b>Employer's Address:</b>
<b>Work Phone #</b>	<b>Work Phone #</b>
<b>Position/Title/Type of Business:</b>	<b>Position/Title/Type of Business:</b>
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
<b>Wages: \$</b> _____ <b>Per</b> _____	<b>Wages: \$</b> _____ <b>Per</b> _____
<b>Other Employments/Income if any:</b>	<b>Other Employments/Income if any:</b>
<b>Self Employed</b> <b>Name of Business:</b> _____ <b>Estimate YTD Operating Income/Loss: \$</b> _____	<b>Self Employed</b> <b>Name of Business:</b> _____ <b>Estimate YTD Operating Income/Loss: \$</b> _____

**COMBINED MONTHLY INCOME & ASSETS**

*Income includes all money flowing into the household from all persons 18 years old and older plus benefits received on behalf of minor children (attached additional pages if more than 4 household members over the age of 18).*

<b>Gross (Before Taxes &amp; Deductions) Monthly Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Household Member:</b>	<b>Household Member:</b>	<b>Total</b>
Base Employment Income	\$	\$	\$	\$	\$
Overtime					
Bonuses					
Commissions					
Child Support					
Alimony					
Social Security					
Disability Benefits					
Veteran's Benefits					
Dividends/Interest					
Section 8					
Food Stamps					
TANF					
Rental Income					
Retirement/Pension					
Unemployment Benefits					
Other:					
Other:					
<b>TOTAL</b>	\$	\$	\$	\$	\$

*Assets include the following accounts or items: checking, savings, mutual funds, retirement accounts, stocks, bonds, CD's, real estate, collectibles (cars, coins, firearms), etc.*

<b>ASSETS</b>			
<b>Household Member</b>	<b>Asset Type &amp; Bank Name</b>	<b>Account # Last 4</b>	<b>Current Balance/Value</b>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Number of Accounts:</b>			\$

**IV. ADDITIONAL INFORMATION**

1. Have you received any CARE Act funding within the last 12 months? If so, please explain below:

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2. Have you received assistance from any social service agencies within the last 12 months? Please check all that apply and provide a brief explanation of the funding received.

- Allen Community Outreach
- Assistance Center of Collin County
- Catholic Charities
- Community Lifeline
- Islamic Association of Allen
- Jewish Family Service
- Texas Muslim Women's Foundation
- Other: \_\_\_\_\_
- None of the above

**V. CERTIFICATIONS**

1. I certify by my signature that everyone in my household including myself are US Citizens or Legal Permanent Residents.
2. I certify by my signature that my household experienced a COVID related income loss occurring after March 1, 2020.
3. I certify by my signature that I have not received duplicated benefits and if I do in the future by mistake, I will return the funds in an expedient manner. Duplication of benefits is defined as funding from two different sources for the same purpose. For example, if the City of Allen paid your March 2021 rent and another charity was not aware of that and also paid your March 2021 rent. You would need to pay back one source.
4. I certify this application and all supporting documentation provided will be completed to the best of my knowledge with complete & accurate information. I understand that by submitting this application any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the City of Allen.

Head of Household \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Co-Head of Household \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**V. HUD'S REPORTING REQUIREMENTS**

*HUD requires that the City provide demographic, racial and ethnic data on households applying for or receiving federal funds.*

Is the Head of Household a single Female?  Yes  No

Please indicate the race and ethnicity of the Head of Household only.

Ethnic Background (check only one):  Hispanic or Latino  Not Hispanic or Latino

Race (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> White (Caucasian)             | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black or African American     | <input type="checkbox"/> Hasidic Jew                            |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Other Multi-Racial                     |
| <input type="checkbox"/> Asian                         |   |

Elderly (62 or above):  Yes  No

Disabled:  Yes  No

**CERTIFICATION:**

*The section below is to be signed by the head of house and spouse/Co-Applicant. A witness will be needed for any signature made by mark.*

**Important:** *Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.*

I certify this application has been completed to the best of my knowledge with complete & accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the City of Allen.

X _____	____/____/____	_____
Head of House/Applicant	Date	Witness (if signed by mark)
_____	____/____/____	_____
Spouse/ Co-Applicant	Date	Witness (if signed by mark)

The City of Allen Community Enhancement Department is wheelchair accessible. Handicap parking spaces are available. For the hearing impaired, the office may be reached by TDD through Relay Texas at 1-800-735-2988. Interpretive services are available with an advance notice of 48 hours.

**When Completed:** Return this application by mail or deliver in person to the Community Enhancement Department, 1<sup>st</sup> Floor, Attn: Shaun Davis, Planner, City of Allen, 305 Century Parkway, Allen, Texas, 75013. Include copies of all required supporting documentation along with the application. Please call to verify receipt of all mailed documents: 214-509-4175.

Applications can also be emailed to Shaun Davis, Planner, at [shdavis@cityofallen.org](mailto:shdavis@cityofallen.org).



## **VI. SUPPORTING DOCUMENTATION**

*The following information must be submitted along with your completed application.*

\_\_\_\_\_ Photo identification for the applicant, co-applicant and all household members 18 years or older  
(Driver's license, passport, permanent resident cards, etc.)

\_\_\_\_\_ Social Security cards of all household members

\_\_\_\_\_ Proof of COVID Hardship. This can be a termination letter from a place of employment or an affidavit letter outlining the circumstances (A sample letter is attached).

**Submission of an applicant is not a guarantee of funding. Funding for this program is limited and the program is subject to close without warning.**

# Sample Letter

Applicant's Address Line 1

Applicant's Address Line 2

Applicant's Address Line 3

August 21, 2020

Re: Explanation of COVID Related Financial Loss – Self Certification

City of Allen  
Community Enhancement Department  
Attn: Erin Jones, Planning Manager  
305 Century Parkway  
Allen, TX 75013

To Whom it May Concern:

Please allow this letter to serve as documentation that my household suffered a COVID-19 related financial loss as describe below:

*Example: Up until March 15<sup>th</sup> my husband and I were both working. He was laid off from his job at Southwest Airlines on March 15<sup>th</sup> and my hours were reduced from 30/ week to 15 at my part time job at Starbucks shortly thereafter. To date, he has not been able to find another job and although I am back up to 30 hours at Starbucks, we are struggling to pay bills.*

As certified by my signature, I understand that Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction. I certify the information included in this letter and my City of Allen Utility Aid application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud and required to reimbursed in whole any assistance granted.

Sincerely,

Signature here

This letter was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2020 by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas



## HUD Self-Certification of Income Notice

The Department of Housing and Urban Development (HUD) allows applicants to provide self-certification of income in limited circumstances instead of providing the detailed income verification typically required for assistance programs. However, the information submitted on the form is subject to verification by HUD at any time. HUD also requires the City to establish a standard income method for determining eligibility. The City of Allen has chosen the definition outlined in HUD 24 CFR Part 5. An overview is attached.

In basic terms, although the City is not required to collect the income documentation outlined in HUD 24 CFR Part 5 at the time of application, HUD may audit files at any time. Should that happen, the applicant would be required to provide the detailed documentation outlined in HUD 24 CFR Part 5 to backup what they certified as true on their self-certification form. Failure to do so could result in prosecution of fraud and the applicant being required to repay any assistance previously received.

**As indicated by my signature below I acknowledge that I have reviewed this notice and understand the requirements for self-certifying my income.**

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Signature Head of Household

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Printed Name Co-Head of Household

Date: \_\_\_\_\_

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Signature Co-Head of Household

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Printed Name Co-Head of Household

Date: \_\_\_\_\_

## Exhibit 5-1: Income Inclusions and Exclusions

### 24 CFR 5.609(b) and (c)

Examples included in parentheses have been added to the regulatory language for clarification.

#### INCOME INCLUSIONS

- (1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- (2) The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;
- (3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- (4) The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a \*\*periodic amount (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation, payments to the widow of a serviceman killed in action). See paragraph (13) under Income Exclusions for an exception to this paragraph;\*\*
- (5) Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except as provided in paragraph (3) under Income Exclusions;
- (6) Welfare Assistance.
  - (a) Welfare assistance received by the family.
  - (b) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as

income shall consist of:

- (c) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
- (d) The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.
- (7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling; and
- (8) All regular pay, special pay, and allowances of a member of the Armed Forces, except as provided in paragraph (7) under Income Exclusions.
- (9) For Section 8 programs only and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph "financial assistance" does not include loan proceeds for the purpose of determining income.  
\*(Note: This paragraph also does not apply to a student who is living with his/her parents who are applying for or receiving Section 8 assistance.)\*

#### **INCOME EXCLUSIONS:**

- (1) Income from employment of children (including foster children) under the age of 18 years;
- (2) Payments received for the care of foster children or foster adults (usually persons with disabilities unrelated to the tenant family, who are unable to live alone);
- (3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses, except as provided in paragraph (5) under Income Inclusions;
- (4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- (5) Income of a live-in aide, as defined in 24 CFR 5.403;
- (6) The full amount of student financial assistance paid directly to the student or to the educational institution (see Income Inclusions (9), above, for students receiving Section 8 assistance);
- (7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm);
- (8) (a) Amounts received under training programs funded by HUD (e.g., training received under Section 3);

- (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of supplemental security income eligibility and benefits because they are set-aside for use under a Plan to Attain Self-Sufficiency (PASS);
  - (c) Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
  - (d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the project. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident-initiative coordination. No resident may receive more than one such stipend during the same period of time; or
  - (e) Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a family member as a resident management staff person. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.
- (9) Temporary, nonrecurring, or sporadic income (including gifts);
  - (10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era. (Examples include payments by the German and Japanese governments for atrocities committed during the Nazi era);
  - (11) Earnings in excess of \$480 for each full-time student 18 years or older (excluding the head of household and spouse);
  - (12) Adoption assistance payments in excess of \$480 per adopted child;
  - (13) Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump-sum amount or in prospective monthly amounts;
  - (14) Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
  - (15) Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
  - (16) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the *Federal Register* and distributed to housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

The following is a list of income sources that qualify for that exclusion:

- (a) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017 [b]);
- (b) Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058) (employment through AmeriCorps, Volunteers in Service to America [VISTA], Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);
- (c) Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626[c]);
- (d) Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
- (e) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624[f]);
- (f) Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552[b]); (effective July 1, 2000, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998 [29 U.S.C. 2931], e.g., employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, veterans employment programs, state job training programs, career intern programs, Americorps);
- (g) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, 90 Stat. 2503-04);
- (h) The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U. S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-1408);
- (i) Amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu);
- (j) Payments received from programs funded under Title V of the Older Americans Act of 1985 (42 U.S.C. 3056[f]), e.g., Green Thumb, Senior Aides, Older American Community Service Employment Program;
- (k) Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent*-product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- (l) Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721);
- (m) The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);
- (n) Earned income tax credit (EITC) refund payments received on or after January 1, 1991, including advanced earned income credit payments (26 U.S.C. 32[j]);
- (o) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95-433);
- (p) Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637[d]);

- (q) Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran (38 U.S.C. 1805);
- (r) Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602); and
- (s) Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931).



**U.S. Department of Housing and Urban Development  
Community Planning and Development  
Community Development Block Grant (CDBG)**

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

*Printed on:*

*Effective Date:*

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Definition of Income**

<input checked="" type="checkbox"/> <b>HUD 24 CFR Part 5</b>	<input type="checkbox"/> <b>IRS Form 1040</b>	<input type="checkbox"/> <b>American Community Survey</b>
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**Beneficiary Information**

<b>Last Name:</b>	<b>Beneficiary ID (if applicable):</b>
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**Member Information**

<b>First Names:</b>	<b>Member IDs (if applicable):</b>	<b>HH</b>	<b>CH</b>	<b>DIS</b>	<b>62+</b>	<b>S≥18</b>	<b>&lt;18</b>	<b>&lt;15</b>
	1							
	2							
	3							
	4							
	5							
	6							

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Contact Information**

<b>Address Line 1:</b>	<b>City:</b>
<b>Address Line 2:</b>	<b>State:</b> <b>Zip Code:</b>

**Income Information**

Annual gross income (total of all members) = \$ \_\_\_\_\_

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**COMPLETE SIGNATURES ON SECOND PAGE**

**U.S. Department of Housing and Urban Development  
Community Planning and Development  
Community Development Block Grant (CDBG)**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

*Printed on:*

*Effective Date:*

**Beneficiary ID:** \_\_\_\_\_

**HEAD OF HOUSEHOLD**

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**OTHER BENEFICIARY ADULTS\***

<b>OTHER BENEFICIARY ADULTS*</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

\* Attach another copy of this page if additional signature lines are required.

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.