

INCOME VERIFICATION FORM – FY2021

To Applicants: Our program has benefited from funding provided by the City of Manchester Community Improvement Program, through the U.S. Housing and Urban Development Community Development Block Grant Program. The Program requires income verification statistics from applicants.

This information will not be shared and will remain confidential.

Part 1. Income and Household Data

Please choose the row that represents your family size and circle the family household income** range in the same row.

NUMBER OF PERSONS IN FAMILY	FAMILY INCOME RANGE	FAMILY INCOME RANGE	FAMILY INCOME RANGE	FAMILY INCOME RANGE
	↓	↓	↓	↓
1 Person →	\$0 – \$17,950	\$17,951 – \$29,900	\$29,901 – \$47,800	\$47,801+
2 Persons →	\$0 – \$20,500	\$20,501 – \$34,150	\$34,151 – \$54,600	\$54,601+
3 Persons →	\$0 – \$23,050	\$23,051 – \$38,400	\$38,401 – \$61,450	\$61,451+
4 Persons →	\$0 – \$26,200	\$26,201 – \$42,650	\$42,651 – \$68,250	\$68,251+
5 Persons →	\$0 – \$30,680	\$30,681 – \$46,100	\$46,101 – \$73,750	\$73,751+
6 Persons →	\$0 – \$35,160	\$35,161 – \$49,500	\$49,501 – \$79,200	\$79,201+
7 Persons →	\$0 – \$39,640	\$39,641 – \$52,900	\$52,901 – \$84,650	\$84,651+
8 Persons →	\$0 – \$44,120	\$44,121 – \$56,300	\$56,301 – \$90,100	\$90,101+

****Note:** Family household income includes wages and salaries, interest, net business income, social security, pensions, alimony received, VA benefits and educational benefits received by all family members living in the household. Alimony paid may be deducted.

For example: A family of 3 with a family income of \$33,655 would be represented as:

NUMBER OF PERSONS IN FAMILY	FAMILY INCOME RANGE	FAMILY INCOME RANGE	FAMILY INCOME RANGE	FAMILY INCOME RANGE
	↓	↓	↓	↓
3 Persons →	\$0 – \$23,050	\$23,051 – \$38,400	\$38,401 – \$61,450	\$61,451+

Part 2. Race, Ethnicity and Household Data

Please provide the number of all persons applying to participate in this program next to appropriate race(s) (count all that apply) and ethnicity characterization, and check the household characterization(s) that apply. A number of different categories may apply; *please mark all that apply*.

RACE	ETHNICITY	NRSA ELIGIBLE
____ # White	_____ # Hispanic or Latino	Address: _____ Census Tract/Block: _____ <hr/> More than 1 Beneficiary in household – please provide names 1. _____ 2. _____ 3. _____ 4. _____
____ # Black/African American		
____ # Asian		
____ # American Indian/Alaskan Native		
____ # Native Hawaiian/Other Pacific Islander		
____ # American Indian/Alaskan Native & White		
____ # Asian & White		
____ # Black/African American & White		
____ # American Indian/Alaskan Native & Black/African American		
____ # Asian/Pacific Islander		
____ # Other Multi-Racial _____		
HOUSEHOLD		
____ # Elderly (62+ years)	____ # Female Head of Household	____ # Disabled

I declare that all information provided above regarding household income is true and correct. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud.

Signature

Printed Name

Date