SELF-DECLARATION OF INCOME REPORT

Community Development Block Grant: Program Year 2017, FY17-18

(Income limits effective April 14, 2017)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The MRA should retain this form for reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

Date: _____ Program: _____

Municipality: Malden, MA

Please indicate your income by a circling as it relates to the number of persons in your family. If your stay is seasonal and your permanent home is at a different place, use the number of family members who reside at the permanent residence.

FY 2017 Income Limit Area	Median Income	FY 2017 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Malden, MA	$103,400	Extremely Low Income Limits	$21,700	$24,800	$27,900	$31,000	$33,500	$36,000	$38,450	$41,320
		Very Low (50%) Income Limits	$36,200	$41,400	$46,550	$51,700	$55,850	$60,000	$64,150	$68,250
		Low (80%) Income Limits	$54,750	$62,550	$70,350	$78,150	$84,450	$90,700	$96,950	$103,200
		Over Income	$54,751 +	$62,551 +	$70,351 +	$78,151 +	$84,451 +	$90,701 +	$96,951 +	103,201 +
MRA of Malden, Effective 04/14/2017										

Gender of head of household: ____ Male ____ Female

Nationality and age of head of household: ____ Over 62 years of age

____White or Caucasian (Non-Latino)
____ American Indian/Alaska Native & White
____ American Indian or Alaska Native
____ Hawaiian Native/Other Pacific Islander
____ Other multi-racial
____Black, African-American, Other African (Non-Latino)
____Asian, Asian-American
____ Asian and White
____American Indian/Alaska Native & Black/African American

Ethnicity:
Hispanic (yes or no) _____

Income Verification:
I certify that this income information is correct and I understand that the information I have provided on my family income is *subject to verification* by authorized representatives of the MRA, City of Malden and the United States Department of Housing and Urban Development.

Signature: _____ Date: _____

Name:_____ Home Address:_____
Printed Name
_____