

APPENDIX C
SELF-DECLARATION OF INCOME REPORT
Malden Community Development Block Grant (CDBG) Program Year 2020, FY20-21

The City of Malden and Malden Redevelopment Authority (MRA) provide funding for this program, and require that this form be completed to meet program requirements. This form is confidential and will only be shared with the MRA and HUD as required by law. Immigration status is not a factor in determining your CDBG eligibility, and participation does not affect your status under the federal public charge rule.

Identify your household size below, and circle the number in that column that equals or exceeds your household income. If more than one number meets this criteria, circle the one closest to your income. For example, a four-person household earning \$70,000 would circle “\$96,250” under column 4.

Malden PY20 Income Limits	Persons in Household							
	1	2	3	4	5	6	7	8
Extremely Low Income (30%)	\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650
Low (50%) Income	\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300	\$84,450
Moderate (80%) Income	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050
Middle Income or Higher	\$67,401 or more	\$77,001 or more	\$86,651 or more	\$96,251 or more	\$103,951 or more	\$111,651 or more	\$119,351 or more	\$127,051 or more

Head of household’s gender: _____ Head of household’s age: Under 65 65 years or older

Race and ethnicity information is required to ensure this program is accessible to everyone, regardless of race or ethnicity. This data is kept confidential and does not affect your eligibility for this program.

Race (check all that apply):

- Asian
- Black, African, or African American
- Native American or Alaskan Native
- Native Hawaiian or other Pacific Islander
- White
- Other/ Multi-Racial

Are you Hispanic or Latinx? Yes No

I certify that this income information is correct and I understand that the information I have provided on my household income is subject to verification by the MRA and HUD.

Printed Name: _____ Date: ___ / ___ / _____

Signature: _____ Address: _____

Malden, MA 02148