

## APPENDIX C

### SELF-DECLARATION OF INCOME REPORT

#### Community Development Block Grant Fiscal Year 2022 (July 1, 2021 – June 30, 2022)

Federal regulations require we obtain this information to document assistance is being provided to at least 51% low and moderate-income households in Malden. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. This form will be submitted to the City of Malden for reporting requirements. Information provided on this form is confidential in accordance with state and federal law.

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 2022 Income Limit Area	Median Income	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
<b>Malden, MA</b>	\$119,000	Extremely Low Income Limits (30%)	\$28,200	\$32,200	\$36,250	<b>\$40,250</b>	\$43,500	\$46,700	\$49,950	\$53,150
		Low (50%) Income Limits	\$47,000	\$53,700	\$60,400	<b>\$67,100</b>	\$72,500	\$77,850	\$83,250	\$88,600
		Moderate (80%) Income Limits	\$70,750	\$80,850	\$90,950	<b>\$101,050</b>	\$109,150	\$117,250	\$125,350	\$133,400
		Over Income	\$70,751	\$80,851	\$90,951	\$101,151	\$109,151	\$117,251	\$125,351	\$133,401

City of Malden, Effective June 1, 2021

Gender of head of household:     \_\_\_ Male     \_\_\_ Female

Nationality and age of head of household:     \_\_\_ Over 62 years of age

- |                                            |                                                            |
|--------------------------------------------|------------------------------------------------------------|
| ___ White or Caucasian (Non-Latino)        | ___ Black, African-American, Other African (Non-Latino)    |
| ___ American Indian/Alaska Native & White  | ___ Asian, Asian-American                                  |
| ___ American Indian or Alaska Native       | ___ Asian and White                                        |
| ___ Hawaiian Native/Other Pacific Islander | ___ American Indian/Alaska Native & Black/African American |
| ___ Other multi-racial                     |                                                            |

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 City of Malden and the United States Department of Housing and Urban Development.

Signature: \_\_\_\_\_

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

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

Home Address: \_\_\_\_\_

\_\_\_\_\_