

2020 CARES ACT INCOME VERIFICATION FORM

ALL INFORMATION IS KEPT CONFIDENTIAL

CLIENT NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

Each participant in this program is required by the Department of Housing and Urban Development and the City of Cleveland, Department of Community Development to provide their annual income level to establish eligibility for this federally-funded program, and to verify race/ethnicity for data collection purposes only.

Household Members and Income

1. List all household members (Working and not working, adults and children).
2. Current Annual Income is the estimated income for the current year including any wages, benefits, alimony, child support and other forms of financial income or support.

Household Member	Name	Age	Current Annual Income
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
Total Household Income:			\$

Income Eligibility

Step 1- Select Household Size.

Step 2- Select to corresponding income range of the household in the same row to the right.

Step 1		Step 2		
Number of Persons in Household		Extremely Low Income (0 to 30% of MFI), \$	Very Low Income (31% to 50% of MFI), \$	Low Income (51% to 80% of MFI), \$
(Circle One)		(Circle One)		
1	->	\$16,000 or less	\$16,000-\$26,600	\$26,600-\$42,600
2	->	\$18,500 or less	\$18,500-\$30,400	\$30,400-\$48,650
3	->	\$21,720 or less	\$21,720-\$34,200	\$34,200-\$54,750
4	->	\$26,200 or less	\$26,200-\$38,000	\$38,000-\$60,800
5	->	\$30,680 or less	\$30,680-\$41,050	\$41,050-\$65,700
6	->	\$35,160 or less	\$35,160-\$44,100	\$44,100-\$70,550
7	->	\$39,640 or less	\$39,640-\$47,150	\$47,150-\$75,400
8+	->	\$44,120 or less	\$44,120-\$50,200	\$50,200-\$80,300

RACIAL CHARACTERISTICS (Check One)

White		Black-African American		Black-African American & White	
Asian		Asian & White		Native Hawaiian-Other Pacific Islander	
American Indian-Alaskan Native		American Indian-Alaskan Native & Black		American Indian-Alaskan Native & White	
Other Multi-Racial					

ETHNICITY	
Check only if Hispanic or Latino Origin	

Coronavirus Impact			
Unemployed due to Coronavirus		Furlough or Reduce Income due to Coronavirus	At-Risk Person(s) Requiring quarantine or isolation
Delinquent on Rent or undergoing Eviction		Delinquent on Mortgage or undergoing Foreclosure	Other impact from Coronavirus
Explain			

Other Assistance Needed			
Food		Emergency Utility Assistance	Rental Assistance
Senior Services		Affordable Broadband or Internet	Unemployment Assistance
Other	Explain		

Duplication of Benefit Assessment

How you received any other benefits offered as a response to Coronavirus’s public health impacts or associated economic impacts?

Source	Program Name	Approximate Amount
Federal Assistance		\$
State Assistance		\$
Local Assistance		\$
Private Assistance		\$
Insurance		\$
Other		\$

Certification

I/we certify that I/we have been adversely impacted by the Coronavirus and I/we are seeking this assistance to address or mitigate an unmet need.

I/we certify that this assistance is meeting an unmet need that is not duplicated assistance from multiple sources for the same coronavirus response purpose, and the total assistance received for that purpose is not more than the total need.

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.

Participant’s Signature

Date

Effective June 1, 2020

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.