



CITY OF CRANSTON
Department of Community Development

INCOME CERTIFICATION FORM
Household assisted by a CDBG-Funded Activity

Income Limits required by the U.S. Dept. of Housing & Urban Development – Please circle only the one box that corresponds to your total household income. Do not circle an entire column.

Income Limits Effective May 1, 2024

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 23,600	0- 27,000	0 - 30,350	0- 33,700	0- 36,400	0- 39,100	0- 41,800	0- 44,500
	23,601- 39,350	27,001- 45,000	30,351- 50,600	33,701- 56,200	36,401- 60,700	39,901- 65,200	41,801- 69,700	44,501- 74,200
	39,351- 62,950	45,001- 71,950	50,601- 80,950	56,201- 89,900	60,701- 97,100	65,201- 104,300	69,701- 111,500	74,201- 118,700
	62,951 - or more	71,951 - or more	80,951 - or more	89,901 - or more	97,101- or more	104,301- or more	111,501 - or more	118,701 - or more

Ethnicity: (select one only) Hispanic or Latino Not Hispanic or Latino

Race: (select one or more)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black /African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> White/Hispanic |

Other: (select all that apply)

- Handicapped or Disabled
- Female Head of Household
- Elderly (62 or over)
- Minors (up to age 18)

Applicants' Signature

Printed Name

Date

If client is below 18 years of age, the parent or legal guardian must verify income and sign the form.

I certify, under the penalties of law, this income information is correct, and I understand that the information I have provided on my household income is subject to verification by authorized representatives of the City of Cranston, Department of Community Development, and the U.S. Department of Housing and Urban Development. **This information will be kept confidential and used for HUD monitoring purposes only.**

Signature of Parent/Legal Guardian: _____ **Date:** _____

Printed Name of Parent/Legal Guardian: _____