

2021

FAMILY INCOME SELF CERTIFICATION FORM
CITY OF DALLAS – DALLAS DEVELOPMENT FUND
SMALL BUSINESS CONTINUITY FUND PROGRAM

LMI Non-LMI

(This Certification is Valid for 3 Years from Date of Signature)

Information on annual family income and race is required to determine eligibility for 2021 programs funded with Federal Community Development Block Grant (CDBG) funds. Each participant must determine the number of persons in their family, and then CHECK THE BOX that contains the amount of annual family income. FAMILY INCOME is defined as the total Annual Gross income of ALL family members living within the household. All sources of income must be counted from all family members residing in the household.

Please check your Income Range based on your Family Size (for example if there are 5 people in your family, go to the column titled "Family Size" down to row 5 and then on that row mark the income range that best describes your Family Income Level; if there are 8 or more member in your family go to the column titled "Family Size" down to row 8 and then on that row mark the income range that best describes your Family Income Level:

Table with 5 columns: Family Size, Extremely Low Family Income Level, Very Low Family Income Level, Low Family Income Level, Moderate Family Income Level. Rows 1-8 with corresponding income ranges and checkboxes.

Note: The above Dallas Family Income Level Ranges are effective April 1, 2021

Does your family have a SINGLE HEAD OF HOUSEHOLD? Yes No
If Yes, select one of the following: Single Female Headed Household Single Male Headed of Household

EMPLOYEE STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City of Dallas, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Name Date
Signature

COMPANY:

FOR OFFICIAL USE ONLY
DDF Activity #
DDF Manager Printed Name DDF Manager Signature