

Name: _____
(Full Name of Individual Receiving Training)

Home Address: _____
(Street Address of Residence)

(City, ZIP)

Jackson
(County)

Household Composition Determination

Total # of Persons in Household: _____
(Use # to determine column below)

Head of Household Gender: _____
(Enter Either Male or Female)

Household Income Self-Certification

Use X to indicate if Household Income is Above, Between, or Below each Income Level

	Select Column with # of Persons in Your Household							
	1	2	3	4	5	6	7	8
My Household Income is Above →								
<i>80% of Area Median Income</i>	\$ 49,200	\$ 56,200	\$ 63,250	\$ 70,250	\$ 75,900	\$ 81,500	\$ 87,150	\$ 92,750
My Household Income is at, or Between →								
<i>50% of Area Median Income</i>	\$ 30,750	\$ 35,150	\$ 39,550	\$ 43,900	\$ 47,450	\$ 50,950	\$ 54,450	\$ 57,950
Household Income is at, or Between →								
<i>30% of Area Median Income</i>	\$ 18,450	\$ 21,100	\$ 23,750	\$ 26,350	\$ 28,500	\$ 30,600	\$ 32,700	\$ 34,800
Household Income is at, or Below →								

Individual Race/Ethnicity Determination

Indicate **YOUR** Race/Ethnicity by placing an **X** in **one** of the boxes below...

Single-Race			Multi-Race		
	Non-Hispanic/Latino	Hispanic/Latino		Non-Hispanic/Latino	Hispanic/Latino
White			American Indian/ Alaskan Native & White		
Black/African American			Asian & White		
Asian			Black/African American & White		
American Indian/Alaskan Native			American Indian/Alaskan Native & Black/African American		
Native Hawaiian/ Other Pacific Islander			Other multi-racial		

Certification

This information is required by HUD and used for **aggregate reporting only**.

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.

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

Signature: _____ **Date:** _____