



SIDEWALK REPAIR ASSISTANCE PROGRAM INCOME-QUALIFIED SELF-CERTIFICATION

Today's Date: _____

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income: HUD 24 CFR Part 5

Household Information:

First Name	Last Name	Income	≥18	<input type="checkbox"/> <18

≥18 = Adult age 18 or over
<18 = Minor under the age of 18 years

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information

Annual gross income (total of all members) = \$ _____

Certification

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

Adults in Household		
Printed Name	Signature	Date