

2020 Income and Residency Verification



UTAH COUNTY Community Development BLOCK GRANT



Please complete the shaded sections of this form

Name of person in the program/receiving assistance

Address City Zip Code Phone

List each household member who lives in the home (including yourself):

	Name	Age	Sex	Race (White, Asian, American Indian, Black, Pacific Islander)	Hispanic/Latino Ethnicity (Yes or No)	Relationship
1			M / F		Y / N	
2			M / F		Y / N	
3			M / F		Y / N	
4			M / F		Y / N	
5			M / F		Y / N	
6			M / F		Y / N	
7			M / F		Y / N	
8			M / F		Y / N	

* List any additional household family members on the back of this form.

Is the head of the household a single female?

Does anyone in the household have a physical or mental disability?

If yes, please describe the disability:

Note: All information given on this form will be kept in **COMPLETE CONFIDENCE** and used *only* for reporting general statistics to the U.S. Department of Housing and Urban Development.

How many people are in your household? _____

Find your household size in the table below, then circle the annual household income you make LESS THAN in that row.

1	\$16,900	\$28,150	\$45,050	Over \$45,050
2	\$19,300	\$32,200	\$51,450	Over \$51,450
3	\$21,700	\$36,200	\$57,900	Over \$57,900
4	\$24,100	\$40,200	\$64,300	Over \$64,300
5	\$26,050	\$43,450	\$69,450	Over \$69,450
6	\$28,000	\$46,650	\$74,600	Over \$74,600
7	\$29,900	\$49,850	\$79,750	Over \$79,750
8	\$31,850	\$53,100	\$84,900	Over \$84,900

In some cases, you may be required to attach a copy of last year's Federal Income Tax form or a copy of a current paycheck stub or another approved proof/verification of income.

I/We understand that the information provided on this document may be verified for accuracy and confirmation of eligibility to participate in this program funded by the U.S. Department of Housing and Urban Development. I/We certify that to the best of my/our knowledge this information is accurate and correct. The Administrators of this program may rely upon this information as confirmation of My/Our family's eligibility to participate.

Form completed by:

Name (please print)

X _____
Signature

Date