

4. INCOME CERTIFICATION: Determine whether your situation qualifies you as a presumed low-income person.

a. Presumed Low Income: HUD presumes people in certain situations to be low income, “presumed benefit clientele.” Please check all applicable boxes. **If none of the boxes below describe you or your household, please complete 4.b.**

- Homeless
- Abused children
- Elderly persons (62 and older)
- Battered spouses
- Migrant farm workers
- Illiterate persons
- Disabled persons - a person qualifies if they:
 - Have used a wheelchair or another special aid for 6 months or longer, or
 - Are unable to perform one or more functional activities or need assistance with an activity of daily living (ADL) or an instrumental activity of daily living (IADL), or
 - Are prevented from working at a job or doing housework, or
 - Have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility or dementia, or have an intellectual or developmental disability, or
 - Are under 65 years of age and are covered by Medicare or receive SSI (Supplemental Security Income).

Functional activities include: seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs, and walking.

ADL’s include: getting around inside the home, getting in and out of bed or a chair, bathing, dressing, eating, and toileting; and going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

b. NOT Presumed Low Income – INCOME VERIFICATION NEEDED: Unless you qualify as a presumed benefit clientele, **you must provide income verification to the agency providing assistance to you every 12 months.**

- Provide Most recent federal tax return if your household income has not changed since filing; OR
- Provide a copy of the most recent paystubs or retirement income for all household members 18 and older, or if you are unemployed, please provide a copy of the most recent unemployment payment; AND
- If you receive social security and/or veteran benefits or alimony, please provide a copy of the most recent payments for each household member.

5. OTHER INFORMATION. Please check all fields that apply to you or someone in your household.

	You	Household Member
Female-headed household:	_____	_____
Head of household is 62 and older:	_____	_____

6. CLIENT CERTIFICATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES AND REPAYMENT OF FEDERAL FUNDS RECEIVED. I UNDERSTAND THAT THE INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION BY HUD OR THE CITY AS PART OF COMPLIANCE MONITORING.

SIGNATURE: _____ **DATE:** _____