

## 2023 STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS

The Department of Housing and Urban Development – Community Development Block Grant funds have been awarded to fund Northeast Denver Housing Center program. Federal regulations require the program to provide benefit to low and moderate-income persons. All questions on this document must be completed. The form must be acknowledged and signed.

1. Name of person completing form: \_\_\_\_\_
2. Head of Household Name \_\_\_\_\_
3. Home Address: \_\_\_\_\_  

*(address)*
*(city)*
*(state)*
*(zip code)*
4. Is the Head of Household:
  - a. Female? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(A disability is a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.)*
  - c. Age 62 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Total annual household income: \_\_\_\_\_ *(Income applies to all adults 18 years or older living in household)*
6. Total Number of Persons in Household: \_\_\_\_\_
7. Number of household members being served by program: \_\_\_\_\_ Name of Program: \_\_\_\_\_

8. For each household member served by the program, please answer both a and b, placing the number of household members that meet the criteria of the category in the blanks or column. Note that this information is required for reporting purposes.

- a. Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_
- b. Race: *(Please check appropriate box below)*

SINGLE RACE CATEGORY	MULTI-RACE CATEGORY
White	American Indian/Alaska Native & White
Black/African American	Asian & White
Asian	Black/African American & White
American Indian/Alaska Native	American Indian/Alaska Native & Black / African American
Native Hawaiian/Other Pacific Islander	Other Multi-race (Please explain)

**THIS INFORMATION WILL BE USED FOR NO OTHER PURPOSE THAN TO DETERMINE AND VERIFY INCOME ELIGIBILITY AND WILL BE HELD STRICTLY CONFIDENTIAL**

I hereby certify that, to the best of my knowledge, the above information is complete and correct. I understand that the information I have provided is subject to verification by the City and County of Denver and HUD. (Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. [18 U.S.C. 1001, 1010, 1012; 13 U.S.C. 3729, 3802])

\_\_\_\_\_  
Signature (or Parent/Legal Guardian if applicant is under 18 years of age)

\_\_\_\_\_  
Date

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Median Income Level:

\_\_\_\_\_ 30%
\_\_\_\_\_ 50%
\_\_\_\_\_ 80%
\_\_\_\_\_ 80%+
\_\_\_\_\_ Reviewer
\_\_\_\_\_ Date

