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*City of Houston Housing and Community Development Public Service Program Self-Certification of Income (Agency designate program below)*

Program: Child Care \_\_\_\_\_\_\_ Juvenile Delinquency Prevention \_\_\_\_\_\_\_

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| --- |
| **Parents Complete all information below**Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Female Head of Household Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_ |

Part I: Household Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | AGE | GENDER | ETHNICITY (H/NH | RACE | DISABLED (Y/N) | CDBG Enrollee | Co-H(spouse/ partner |
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Part II: Confidential Participant Beneficiary Income Certification (Check / provide support info)

* Public Assistance Recipient: TANF, SNAP, Foster Care (Documentation Attached)
* Presumed Benefit Recipient : Service designed for severely disabled, senior citizens, homeless, abused children, persons living with AIDS, illiterate adults or migrant workers (Documentation Attached)

**All Other Beneficiaries / Based on: \*** HUD 24 CFR Part 5 \_\_\_ IRS Form 1040 American Community Survey \_\_\_\_\_ (Eligible for use after the 2017 Survey is made available: September 17, 2018) (Check which source income is based on)