

SELF-DECLARATION OF INCOME REPORT

Community Development Block Grant: Program Year 2018, FY18-19

(Income limits effective April 1, 2018)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The MRA should retain this form for reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

Date: _____

Program: _____

Municipality: Malden, MA

Please indicate your income by a circling as it relates to the number of persons in your family. If your stay is seasonal and your permanent home is at a different place, use the number of family members who reside at the permanent residence.

FY 2018 Income Limit Area	Median Income	FY 2018 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Malden, MA	\$107,800	Extremely Low Income Limits (30%)	\$22,650	\$25,900	\$29,150	\$32,350	\$34,950	\$37,550	\$40,150	\$42,750
		Low (50%) Income Limits	\$37,750	\$43,150	\$48,550	\$53,900	\$58,250	\$62,550	\$66,850	\$71,150
		Moderate (80%) Income Limits	\$56,800	\$64,900	\$73,000	\$81,100	\$87,600	\$94,100	\$100,600	\$107,100
		Over Income	\$56,801	\$64,901	\$73,001	\$81,101	\$87,601	\$94,101	\$100,601	\$107,101

City of Malden, Effective 04/1/2018

Gender of head of household: ___ Male ___ Female

Nationality and age of head of household: ___ Over 62 years of age

- | | |
|--|--|
| ___ White or Caucasian (Non-Latino) | ___ Black, African-American, Other African (Non-Latino) |
| ___ American Indian/Alaska Native & White | ___ Asian, Asian-American |
| ___ American Indian or Alaska Native | ___ Asian and White |
| ___ Hawaiian Native/Other Pacific Islander | ___ American Indian/Alaska Native & Black/African American |
| ___ Other multi-racial | |

Ethnicity:
Hispanic (yes or no) _____

Income Verification:
I certify that this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the MRA, City of Malden and the United States Department of Housing and Urban Development.

Signature: _____

Date: _____

Name: _____

Home Address: _____

Printed Name