



Income Certification Form

Please complete this form to determine eligibility for assistance.

Please circle the correct box below that most clearly corresponds to your **total household income from all sources for the past 12 months** based on the number of persons in your household. (Example: a three person household with a total income of \$25,000 would be group 3-C)

2010 HOUSEHOLD INCOME BY FAMILY SIZE

The grid below must be circled for the application to be valid

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
A Very-Low Income	\$0.00 to \$10,650	\$0.00 to \$12,150	\$0.00 To \$13,650	\$0.00 to \$15,150	\$0.00 to \$16,400	\$0.00 to \$17,600	\$0.00 to \$18,800	\$0.00 to \$20,000
B Low Income	\$10,651 to \$17,700	\$12,151 to \$20,200	\$13,651 to \$22,750	\$15,151 to \$25,250	\$16,401 to \$27,300	\$17,601 to \$29,300	\$18,801 to \$31,350	\$20,001 to \$33,350
C Moderate Income	\$17,701 to \$28,300	\$32,350 to \$32,350	\$22,751 to \$36,400	\$25,251 to \$40,400	\$27,301 to \$43,650	\$29,301 to \$43,650	\$31,351 to \$50,100	\$33,351 to \$53,350
D High Income	\$28,301 and Over	\$32,351 and Over	\$36,401 and Over	\$40,401 and Over	\$43,651 and Over	\$46,901 And Over	\$50,101 And Over	\$53,351 And Over

Please fill out household information below

(All members of the household and income must be documented on this form for the application to be processed)

List the FULL NAME & AGE of ALL HOUSEHOLD MEMBERS—The household income should be based on the last 12 months	AGE	WAGES	S.S Disability	Retirement	Workers Complun employment	Food Stamps	Veterans/other	Total
		\$	S	S	S		\$	\$
Totals								

My/our signature(s) on this Income Certification Form will allow agents or representatives from either Mobile County and/or the Department of Housing and Urban Development (HUD) the authority to request and review my/our financial records (IRS Statements, Social Security Statements, Financial Income Documentation, etc.) to ensure that to which I have certified above to be true and correct upon their request.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government.

Signature of Applicant: _____ Date: _____