

**U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
Income Eligibility Calculator**

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

*Printed on:*

*Effective Date:*

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Definition of Income**

<input type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040
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**Beneficiary Information**

Last Name:	Beneficiary ID:
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**Member Information**

First Names:	Member IDs:	HH	CH	DIS	62+	S≥18	<18	<15

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Contact Information**

Address Line 1:	City:
Address Line 2:	State: <span style="float: right;">Zip Code:</span>

**Income Information**

Annual gross income (total of all members) = \$ \_\_\_\_\_

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**COMPLETE SIGNATURES ON SECOND PAGE**

