



NEW CASTLE COUNTY BENEFICIARY INFORMATION
SELF-CERTIFICATION OF INCOME, RACE, AND ETHNICITY

For CDBG Programs Requiring Information on Income by Family Size

List family members for non-housing programs, household members for housing programs.

\*This self-certification for income purposes should be used as a last resort only. Applicants should provide proof of income in accordance with New Castle County's three acceptable forms of income first (Part 5 Annual Income, Census Long Form Annual Income or IRS Form 1040). Head of Household must complete this entire form.

LISTING OF FAMILY/HOUSEHOLD MEMBERS -- For each member over the age of 18, attaches income documentation or a certification of zero income.

Form with fields for NUMBER OF FAMILY/HOUSHOLD MEMBERS, \* ANNUAL FAMILY/HOUSEHOLD INCOME, and NAME Check if over 18 for multiple entries.

RACE AND ETHNICITY

This information contained herein is CONFIDENTIAL and will be used only for the purpose as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes. It is a HUD requirement we collect this information for statistical reporting purposes. Please check the appropriate boxes below: COMPLETE FOR HEAD OF HOUSEHOLD ONLY.

Applicant:

Form with checkboxes for Sex (Female/Male), Ethnicity (Hispanic/Not Hispanic), Race (American Indian, Asian, Black, Native Hawaiian, White, etc.), and Balance Reporting More than One Race.

Address:

Three horizontal lines for entering the address.

Agency: Remember to perform parcel search of address. www.nccde.org/parcelview

Female Head of Household: [ ] Yes [ ] No
Handicapped Status: [ ] Yes [ ] No

(Handicapped households are those headed by a person who is handicapped. Also included are handicapped persons who are members of non-handicapped households. "Handicapped person" means any person who (I) has a physical or mental impairment which substantially limits one or more major life activities, (II) has a record of such impairment, or (III) is regarded as having such an impairment.)

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading or incomplete information may result in termination of assistance.

Signature of Applicant Printed Name of Applicant Date

For Office Use Only:

0% - 30% of median 31% - 50% of median 51% - 80% of median Over 80% of median
Date of Income Guidelines Used