

# INCOME CERTIFICATION

PLEASE CHECK ALL THAT APPLY AND SIGN BELOW

\_\_\_\_\_ Check here if the income guidelines do not apply to you and sign below

CITY OF ERIE

Community Development Block Grant (CDBG) Program

CDBG funded project MLK Education/Recreation Programs

Bayfront NATO Inc/Martin Luther King Center

**This form must be completed and signed to participate in the afterschool and summer programs at the MLKC**

PARTICIPANT'S NAME (child) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARTICIPANT'S DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that my combined household income for all persons aged 15 years and older is within the program limits as required by the city of Erie's Community Development Block Grant (CDBG) program as shown below by family size.

## CHECK ONE BLOCK WITHIN THIS SECTION

_____ Family income below \$20,350	_____ Five people	\$31,400
_____ One person \$20,350	_____ Six people	\$33,700
_____ Two people \$23,250	_____ Seven people	\$36,050
_____ Three people \$26,150	_____ Eight people	\$38,350
_____ Four people \$29,050	_____ Family income above \$38,450	

**Each Participant's head of household should indicate if they are:**

Female Head of Household \_\_\_\_\_ Handicapped \_\_\_\_\_ Elderly \_\_\_\_\_

## Ethnicity

\_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

## Racial Breakdown

\_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Asian/White

\_\_\_\_\_ American Indian \_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ American Indian Alaska Native & Black African American

\_\_\_\_\_ Balance of other multi-racial

-OVER-

I understand that my signed certification is subject to verification by authorized government officials and any false statements made knowingly and willingly may subject me to penalties

PARENT/GUARDIAN SIGNATURE (PRINT): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(IF DIFFERENT FROM ABOVE)