

**Community Development Block Grant COVID-19 (CDBG-CV)
Emergency Rental Assistance (ERA) Program FY 2020-21
CERTIFICATION OF HOUSEHOLD ANNUAL INCOME AND
RACE/ETHNICITY DATA**

The City of Simi Valley Community Development Block Grant Emergency Rental Assistance (ERA) Program is required to collect income, race and ethnicity data for the United States Department of Housing and Urban Development (HUD). The objective of this federal grant program is to provide services and programs to very low- and low-income persons/households. This information is requested in order to complete your application for rental assistance. To meet this requirement, we ask that you provide the following information, which will be held confidential and maintained in our files:

Applicant Name (print): _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Employment: ___ Retired ___ Self-Employed ___ Employed

Employer Name: _____

Female Head of Household: Yes ___ No ___

(A female who is the primary income earner with or without children or spouse present)

How many persons are there in your household? _____

(Persons permanently living in your home, please list all below)

List all household members		Age	Check all that Apply	Relationship to Head of Household (Spouse, Child, etc.)	Race (Select from the table on the next page)	Hispanic (Yes or No)
Head of Household			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Name Member 2			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior			
Name Member 3			<input type="checkbox"/> Disabled <input type="checkbox"/> Senior			

Name Member 4			<input type="checkbox"/> Disabled			
			<input type="checkbox"/> Senior			
Name Member 5			<input type="checkbox"/> Disabled			
			<input type="checkbox"/> Senior			
Name Member 6			<input type="checkbox"/> Disabled			
			<input type="checkbox"/> Senior			
Name Member 7			<input type="checkbox"/> Disabled			
			<input type="checkbox"/> Senior			
Name Member 8			<input type="checkbox"/> Disabled			
			<input type="checkbox"/> Senior			

Race Code/Description
11. White
12. Black / African American
13. Asian
14. American Indian / Alaskan Native
15. Native Hawaiian / Other Pacific Islander
16. American Indian / Alaskan Native & White
17. Asian & White
18. Black / African American & White
19. American Indian / Alaskan Native & Black
20. Other Multi-Racial

For eligibility based on "Household Income," please include the race and ethnicity of **ALL members of the household.

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct

APPLICANT SIGNATURE

DATE

Income and Assets

(To be completed by adult household member(s) only. For additional members, please use additional sheet of paper.)

	<u>Name of Household Member</u>			
1	Wages from employment including tips, bonuses, commissions, etc.			
2	Income from operation of a business or sales from self-employed sources, like Avon, etc.			
3	Interest of dividends from assets			
4	Social Security payments, Veteran's benefits, annuities, insurance policies, retirement funds, pensions and death benefits			
5	Unemployment or disability payments			
6	Public assistance payments			
7	Periodic allowances such as alimony, child support or gifts received from persons not living in the household			
8	Student Financial Assistance, in excess of Tuition			
9	Earned income (such as SSI) for minor children			
10	Rental income from real or personal property			
11	Any other source not named above Describe _____			
12	I currently do not have any income of any kind and there is no certain change expected in my financial status or employment status during the next 12 months.			
	<i>Present Gross Monthly Total for each Member</i> →	\$	\$	\$

Income Information

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

VERIFICATION OF INCOME ELIGIBILITY

2020 CDBG Income Limits Schedule: Ventura County

Number of Persons in Household	Very Low 30%	Low 50%
1	\$23,700	\$39,550
2	\$27,100	\$45,200
3	\$30,500	\$50,850
4	\$33,850	\$56,450
5	\$36,600	\$61,000
6	\$39,300	\$65,500
7	\$42,000	\$70,000
8	\$44,700	\$74,550

INCOME LIMITS BASED UPON DATA PUBLISHED BY THE U.S.
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

<http://www.huduser.org/portal/datasets/il.html>

EFFECTIVE April 1, 2020

Types of Household Income & Supporting Documentation

- A. **Full-time Students over 18 years old:** If the member is over 18 AND is a full-time student AND is not the head or co-head (spouse) of household AND if the sum of all his/her anticipated annual income is over \$480, THEN the total amount of his/her income is capped at \$480 during the calculation of annual gross income.
- B. **Salary Income:** The documentation of salary income must be obtained from at least **one (1) source**. The documentation may not be older than 30 days, except for Federal and State income tax returns which may not be older than one (1) year. The documentation must be properly labeled and compiled in the applicant's case file in a readable format. Acceptable sources of income documentation include the following:
- Federal or State income tax returns or W2 forms; or
 - Copies of the applicant's **three (3) or four (4)** most recent paycheck stubs, (must amount to 30 days' worth) establishing the applicant's monthly income; or
 - If above documentation is not available, certification of the applicant's monthly and annual income from the employer.
- C. **Self-Employment:** Any income from an adult household member who is self-employed must be documented and verified from at least **one (1)** of the following sources:
- A copy of IRS Form 1040/1040A (tax return), if filed with the IRS for the last year; or
 - A notarized affidavit signed by the applicant that includes the name of the household member who is self-employed, the name of the business, and the prior year's estimated annual income.
- D. **Social Security/Supplementary Security Income/ Social Security Disability:** Income from Federal or State retirement programs and disability must be verified from at least **one (1) source** that may not be older than six (6) months, unless noted below. Acceptable documentation sources include:
- A copy of the applicant's monthly award check; or
 - A copy of a benefit verification letter (also referred to as an "award letter" or "income letter" which can be requested from local Social Security office by applicant); or
 - Copy of a bank statement showing direct deposits of applicant's award check; or
 - Copy of Social Security Form SSA-2458 which verifies benefits (can be requested from local Social Security office by applicant); or
 - Copy of Social Security form SSA-1099 (tax form mailed each year stating total amount of benefits received from the previous year.) May not be older than one (1) year; or
 - Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits.
- E. **Welfare/General Relief:** Income from social aid programs [e.g., California Work Opportunity and Responsibility for Kids (CalWORKs), Temporary Assistance for Needy Families (TANF), etc.] must be verified from at least **one (1)** of the following sources:
- Copies of the applicant's most recent bi-monthly award checks;
 - Copy of most recent *Notice of Action* or award letter stating the amount of applicant's benefit; or
 - Written statement from caseworker stating the applicant's benefit amount; or
 - Written certification from the awarding agency verifying the applicant's eligibility and the amount of the monthly benefits.

- F. **Pension Income:** Pension Income must be verified from at least **one (1)** of the following sources:
- A copy of the pension award letter; or
 - Copies of the applicant's **three (3)** most recent payment stubs verifying benefit amount; or
 - A copy of the applicant's bank statement demonstrating that the award check was directly deposited into the applicant's account.
- G. **Personal Interest:** Personal interest from savings accounts or dividends from financial investments must be identified and documented as earned income. Adequate verification may include:
- Federal income tax return; or
 - Copies of bank statements; or
 - **All pages** of investment statements indicating the amount of dividends earned.
- H. **Alimony/Child Support:** Income received from alimony and/or child support payments must be documented and verified from at least **one (1)** of the following sources:
- A copy of applicant's weekly or monthly check; or
 - A copy of a separation or settlement agreement or a divorce decree from a court establishing payments; or
 - A notarized affidavit, signed by the applicant, certifying to the amount of child support received.
- I. **In-Home Supportive Services: Income earned by a caregiver/caretaker** providing in-home supportive services for a different household must be documented through copies of the **three (3)** most recent paycheck stubs to establish the monthly income.
- J. **Rental Income:** Income received from rental property must be documented as earned income and must be verified from at least **two (2)** of the following sources:
- A copy of the property rental agreement signed by current tenant stating monthly rent; and/or
 - A copy of recent rent check; and/or
 - A copy of the applicant's income tax return declaring earned rental income. May not be older than **one (1)** year; and/or
 - Rent receipt book.
- K. **Unemployment/Disability or Paid Family Leave Income:** Income received from the Employment Development Department (EDD), otherwise known as unemployment insurance, disability payments or paid family leave, are types of benefits that must be documented through copies of the **three (3)** most recent payments to establish the monthly income.
- L. **No Income:** Should an adult member of the household (18 years and older) have no income to report, documentation to be submitted may include:
- A notarized affidavit signed by the household member declaring he/she does not earn income that can be contributed to the household; or
 - Self-certification that the household member does not earn income.

Types of Funds NOT Counted Towards Household Income

- A. **Income from Children**, which is income from the employment of children (including foster children) under the age of 18 years.
- B. **Payments Received for the Care of Foster Children**, including foster adults (usually persons with disabilities, unrelated to the family, who are unable to live alone).
- C. **Lump-Sum Payments**, including additions to family assets, such as inheritances, insurance payments (e.g., health and accident insurance, and worker's compensation), capital gains and settlement for personal or property losses [except as provided].
- D. **Reimbursement for Medical Costs**, including all payments received by the family that are specifically for, or in reimbursement of, medical expenses for any family member.
- E. **Live-in Aide**, including the income of a live-in aide employed because of a medical condition or disability of a family member. A live-in aide is determined to be essential to the care and well-being of the person, not obligated for the support of the person, and would not be living in the unit except to provide the necessary supportive services.
- F. **Education Assistance**, including the full amount of educational scholarships paid directly to the student or to the educational institution, and Government funds paid to a veteran for tuition fees, books, equipment, materials, supplies, transportation and miscellaneous personal expenses of the student. Any amount of such scholarship or payment to a veteran not used for the above purposes that is available for subsistence is to be included in income.
- G. **Armed Forces (Special Pay)**, specifically special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
- H. **Government Programs**, including the following:
 - Amounts received under training programs funded by HUD and earnings and benefits from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government.)
 - Amounts received by a disabled person that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility and benefits, because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
 - Amounts received by a participant in other publicly-assisted programs, which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and made solely to allow participation in a specific program.
 - Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the U.S. Housing Act of 1937.
 - Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member living at home.
- I. **Temporary Income**, considered temporary, nonrecurring or sporadic in nature (including gifts).

- J. **Income of Full-Time Students**, earnings in excess of \$480 for each full-time student 18 years of age or older attending school or vocational training (excluding the head of household and spouse).
- K. **Property Tax Refunds**, including amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit.
- L. **Adoption Assistance Payments**, in excess of \$480 per adopted child.

Certification

I/we certify that this information is complete and accurate and have provided supporting documentation as part of this application. I/We further certify under penalty of perjury, under the laws of the State of California, that I/We am/are not able to receive, have not received, and will not pursue other federal or non-federal benefits or assistance for rent costs for the period for which an assistance payment was made through the City's Emergency Rental Assistance Program.

CERTIFICATION SIGNATURES

APPLICANT/HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER ADULTS IN THE HOUSEHOLD*		
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.