

2026 INCOME QUALIFICATION FOR A CITY OF SHAWNEE CDBG FUNDED ACTIVITY

(Must be filled out by Applicant each calendar year assistance is requested)

APPLICANT Last Name

First Name

Phone

Street

City

Zip

(Only residents of Shawnee are eligible.)

Including yourself, how many persons make up your household? _____

Is this a female headed household? Yes No

Is the head of household elderly (age 62 or older)? Yes No

ETHNIC ORIGIN - How many members of your household are Hispanic/Latino? _____

RACE - How many members of your household are:

White Black/ African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
OR

Black/African American & White American Indian/Alaskan Native & White Asian & White
 American Indian/Alaskan Native & Black/African American Other Multi-racial

Please provide the following information for ALL members residing in current residence, related or not, even if they did not have any income. ALL members over 18 must sign certification.

Name	Age	Employer / Sources of Income	Gross Monthly Income

TOTAL GROSS (before taxes or deductions) PROJECTED ANNUAL INCOME \$ _____

Documentation of the income listed above must be attached to this application.

****Do you or an immediate family member work for the granting agency, or the City of Shawnee? Yes No**
If yes, Conflict of Interest Determination must be completed prior to approval

Certification

Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance I receive through this application.

Applicant Signature

Date

Co-Applicant Signature

Date

Certification of Legal Residency in the United States

Each person who will benefit from Shawnee CDBG programs must either be a citizen or national of the United States or be a noncitizen that has eligible immigration status that qualifies them for assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

1. Applicant

I certify that I am: (check one)

- a citizen or national of the United States
- an alien lawfully present in the United States

2. Household

I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid housing assistance you received; and fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

By signing this form, I certify that the statement and information contained in this document are true, accurate and complete.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR AGENCY USE ONLY

Income is **at/below** 30% **between** 30 - 50% **between** 50 - 80% of HUD income guidelines.
Please attach copy of CPD income eligibility calculator sheets completed online at:
<https://www.hudexchange.info/incomecalculator/>

Certification conducted by: _____ Date: _____

Printed Name: _____

For all non-citizen and non-national persons within the household collect full name, date of birth, and at least one of the following forms:

- a. USCIS/Alien Registration number (A-Number)
- b. Form I-94, Arrival/Departure Record number
- c. Student and Exchange Visitor Information System (SEVIS) ID number
- d. Naturalization/Citizenship Certificate number
- e. Card Number/I-797 Receipt number
- f. Social Security number (for initial verification only)

SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTATION REQUIRED

SOURCES OF MONTHLY INCOME	REQUIRED DOCUMENTS Attach copy of the following:
Wages, salaries, overtime pay, fees, tips, commissions, bonuses, & other compensation for personal services (before any payroll deductions)	Copy of most recent pay stubs
Child support payments	Copy of court order
Alimony	Copy of court order
Unemployment, worker's compensation, severance pay	Copy of pay stub/docs from payor
Welfare assistance	Letter of benefits from agency
Interest, dividends and other net income of any kind from real or personal property	Bank statements
Social Security	NEW benefit amount letter from Social Security
Annuities	Monthly payment statement
Retirement Funds	Monthly payment statement
Pensions	Monthly payment statement
Insurance Policies	Monthly payment statement
Disability or Death Benefits	Letter from Social Security or other payor agency
Net income from operating a business	Most recent state quarterly tax filing

MONTHLY INCOME NOT COUNTED-No Documentation Required

- ✓ Food stamps
- ✓ Income from employment of children under 18 years of age
- ✓ Earnings in excess of \$480 for each full-time students 18 years and older
- ✓ Payments for foster care
- ✓ Lump sum payments such as inheritances, insurance payments
- ✓ Payments as reimbursements for medical costs
- ✓ Full amount of student financial assistance paid directly to students or institutions
- ✓ Refunds or rebates under state or local law for property taxes
- ✓ Amounts paid by state agency to family with member who has a developmental disability and is living at home