

## 2024-25 SELF-CERTIFICATION OF INCOME

**INSTRUCTIONS:** This is a statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the household size (as applicable-based on the activity), and the household characteristics for the purpose of income determinaiton. Adult beneficiary members must then sign this form to certify that the information is complete and accurate.

Client Number, if applicable:			
Client Name			
Address, City, Zip Code:			
RACE CATEGORIES (SELECT ONE)			
White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Other Pacifici Islander  ETHNICITY CATEGORIES (SELECT ONE)		American Indian/Alaska Native & White Asian & White Black/African American & White American Indian/Alaska Native & Black/African American Other Multi Racial  R (SELECT IF APPLICABLE)	
Hispanic		Female Head of Household	
Non-Hispanic		Disabled Person in	Household
Household is defined as all the people in the housing unit that includes related and unrelated. Household Income is defined as total anticipated annual gross income of all household members expected in the next 12 months including wages, tips, commission, business income, alimony, child support; and Social Security, AFDC, TANF or other benefits)			
above \$61,800 (NMI) \$61,800-\$38,651 (MI) \$38,650-\$23,201 (LI) \$23,200 or below (ELI)	above \$70,600 (NMI) \$70,600-\$44,151 (MI) \$44,150-\$26,501 (LI) \$26,500 or below (ELI)		above \$79,450 (NMI) \$79,450-\$49,651 (MI) \$49,650-\$29,801 (LI) \$29,800 or below (ELI)
above \$88,250 (NMI) \$88,250-\$55,151 (MI) \$55,150-\$33,101 (LI) \$33,100 or below (ELI)	above \$93,350 (NMI) \$93,350-\$59,601 (MI) \$59,600-\$36,581 (LI) \$36,580 or below (ELI)		above \$102,400 (NMI) \$102,400-\$64,001 (MI) \$64,000-\$41,961 (LI) \$41,960 or below (ELI)
7 above \$109,450 (NMI) \$109,450-\$68,401 (MI) \$68,400-\$47,341 (LI) \$47,340 or below (ELI)	8 \$12	ove \$116,500 (NMI) 16,500-\$72,801 (MI) 2,800-\$52,721 (LI) 2,720 or below (ELI)	Presumed Benefit
Income Categories: Middle Income (NN WARNING: The information provided on this f Code states that a person is guilty of a felony statement to a department of the United State requested by the City of Denton.  Client Signature	form is subject to ve and assistance can b	rification by HUD at any t be terminated for knowing	ime, and Title 18, Section 1001 of the U.S. gly and willingly making a false or fraudulent umentation (income backup) may need to be
Staff Signature: Date:			