

**CITY OF ATTLEBORO - OFFICE OF COMMUNITY DEVELOPMENT**  
**PY 2020 SELF-CERTIFICATION FORM**

**Program Name: Attleboro YMCA Scholastic Support Center**

The service being provided to you is funded in part by the City of Attleboro's Office of Community Development (CDBG) Program. CDBG-CV is a federally funded program through the U.S. Department of Housing and Urban Development (HUD). This program is designed to serve low and moderate-income individuals. To meet national objectives, the Office of Community Development is required to monitor Subrecipients to ensure income and ethnicity of program participants are recorded properly and that participants qualify under program requirements. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination.

1. **Head of Household:** Are you the head of the household?     Yes         No
2. **Individual Categories** (Check ALL that apply to you):     Male     Female     62 years or older     Disabled
3. **Are you a U.S. citizen or a legal resident alien?**  Yes         No
4. **Household Size and Total Annual Household Income:** \_\_\_\_\_

4a. Please check the box that applies

A. Household Size	B. Total Household Income			
	0-30% AMI	31-50% AMI	51-80% AMI	80% + AMI
<input type="checkbox"/> 1 person	<input type="checkbox"/> \$18,300 or less	<input type="checkbox"/> \$18,301-\$30,450	<input type="checkbox"/> \$30,451-\$48,750	<input type="checkbox"/> \$48,751 or more
<input type="checkbox"/> 2 people	<input type="checkbox"/> \$20,900 or less	<input type="checkbox"/> \$20,901-\$34,800	<input type="checkbox"/> \$34,801-\$55,700	<input type="checkbox"/> \$55,701 or more
<input type="checkbox"/> 3 people	<input type="checkbox"/> \$23,500 or less	<input type="checkbox"/> \$23,501-\$39,150	<input type="checkbox"/> \$39,151-\$62,650	<input type="checkbox"/> \$62,651 or more
<input type="checkbox"/> 4 people	<input type="checkbox"/> \$26,100 or less	<input type="checkbox"/> \$26,101-\$43,500	<input type="checkbox"/> \$43,501-\$69,600	<input type="checkbox"/> \$69,601 or more
<input type="checkbox"/> 5 people	<input type="checkbox"/> \$28,200 or less	<input type="checkbox"/> \$28,201-\$47,000	<input type="checkbox"/> \$47,001-\$75,200	<input type="checkbox"/> \$75,201 or more
<input type="checkbox"/> 6 people	<input type="checkbox"/> \$30,300 or less	<input type="checkbox"/> \$30,301-\$50,500	<input type="checkbox"/> \$50,501-\$80,750	<input type="checkbox"/> \$80,751 or more
<input type="checkbox"/> 7 people	<input type="checkbox"/> \$32,400 or less	<input type="checkbox"/> \$32,401-\$53,950	<input type="checkbox"/> \$53,951-\$86,350	<input type="checkbox"/> \$86,351 or more
<input type="checkbox"/> 8 or more	<input type="checkbox"/> \$34,500 or less	<input type="checkbox"/> \$34,501-\$57,450	<input type="checkbox"/> \$57,451-\$91,900	<input type="checkbox"/> \$91,901 or more

5. **Race** (please check the appropriate box)

RACE CATEGORIES – Must Check One Selection Below	Check if also Hispanic
White <input type="checkbox"/>	<input type="checkbox"/>
Black / African American <input type="checkbox"/>	<input type="checkbox"/>
Asian <input type="checkbox"/>	<input type="checkbox"/>
American Indian / Alaska Native <input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian / Other Pacific Islander <input type="checkbox"/>	<input type="checkbox"/>
American Indian / Alaska Native & White <input type="checkbox"/>	<input type="checkbox"/>
Asian & White <input type="checkbox"/>	<input type="checkbox"/>
Black / African American & White <input type="checkbox"/>	<input type="checkbox"/>
American Indian / Alaska Native & Black / African American <input type="checkbox"/>	<input type="checkbox"/>
Other multi-racial <input type="checkbox"/>	<input type="checkbox"/>

Name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I hereby certify that the above information is true and correct to the best of my knowledge.** I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date