

CITY OF WESTFIELD- OFFICE OF COMMUNITY DEVELOPMENT
SELF-DECLARATION OF INCOME REPORT / FY2024-25 (CDBG)
FY2024-2025 (CITY)

(Effective May 1, 2024)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS: FAMILY INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

2. ETHNICITY (please select only one):

Hispanic or Latino Not Hispanic or Latino

3. RACE (please select only one):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian <i>and</i> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American <i>and</i> White |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial: _____ |

4. HOUSEHOLD INFORMATION

1) Choose the row with the number of family and non-family members living in your household below.

2) Circle the corresponding income level. (FY2023 Median Family Income) – Effective May 2024

Household Size	#1 (0%-30%)	#2 (31%-50%)	#3 (51%-80%)	#4 (81% and above)
1	\$0-\$23,000	\$23,001-\$38,350	\$38,351-\$61,350	\$61,351+
2	\$0-\$26,300	\$26,301-\$43,800	\$43,801-\$70,100	\$70,101+
3	\$0-\$26,900	\$26,901-\$49,300	\$49,301-\$78,850	\$78,851+
4	\$0-\$32,850	\$32,851-\$54,750	\$54,751-\$87,600	\$87,601+
5	\$0-\$35,500	\$35,501-\$59,150	\$59,151-\$94,600	\$94,601+
6	\$0-\$38,150	\$38,151-\$63,550	\$63,551-\$101,650	\$101,651+
7	\$0-\$40,750	\$40,751-\$67,900	\$67,901-\$108,650	\$108,651+
8	\$0-\$43,400	\$43,401-\$72,300	\$72,301-\$115,650	\$115,651+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____
(Original signature is required)

Date: _____