



# Mayor's Office of Housing and Community Development City & County of San Francisco

## 2016-2017 Family Income Verification Form

### AGENCY INSTRUCTIONS

1. Use the Family Income Verification Form Instructions to help with form completion
2. Please **complete** and **review** this form **with client**
3. This form must be kept on **file for five years**
4. **All items must be completed** unless otherwise noted.

### CLIENT INFORMATION

Client Name/Unique Identifier: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ CA Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_ Day/Month/Year of Birth: \_\_\_\_\_  
(OPTIONAL) (OPTIONAL)

### WHAT IS YOUR SEX OR GENDER IDENTITY? (Select one.)

- Male     Female     Trans Male     Trans Female     Not Listed. Please Specify \_\_\_\_\_

### ETHNICITY (Select one. Please also make a selection from the "RACE" options in the next box)

- Hispanic/Latino     Not Hispanic/Latino

### RACE (Select one.)

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

### FAMILY INFORMATION

**Family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: a single person or a group of persons residing together.**

- Single Female Headed Family     Single Male Headed Family     Dual Headed Family

# of persons living in your family? \_\_\_\_\_ Total estimated income for next 12 months for all adult members: \$ \_\_\_\_\_

### OPTIONAL CATEGORIES

How do you describe your sexual orientation or sexual identity?

- Straight/Heterosexual     Gay     Lesbian     Bisexual     Questioning/Unsure     Not Listed. Please Specify \_\_\_\_\_

Cultural Affiliation or Nationality: \_\_\_\_\_

**CURRENT INCOME INFORMATION**

**(Number of persons in FAMILY INFORMATION must match this section)**

**(CIRCLE correct income level. If number of family members is greater than 8, refer to instruction sheet.)**

<b>Family of:</b>	<b>1 person</b>	<b>2 persons</b>	<b>3 persons</b>	<b>4 persons</b>	<b>5 persons</b>	<b>6 persons</b>	<b>7 persons</b>	<b>8 persons</b>
Extremely Low Income	\$0 – 25,850	\$0 – 29,550	\$0 – 33,250	\$0 – 36,900	\$0 – 39,900	\$0 – 42,850	\$0 – 45,800	\$0 – 48,750
Low Income	\$25,851- 43,050	\$29,551- 49,200	\$33,251- 55,350	\$36,901- 61,500	\$39,901- 66,450	\$42,851- 71,350	\$45,801- 76,300	\$48,751- 81,200
Moderate Income	\$43,051- 68,950	\$49,201- 78,800	\$55,351- 88,650	\$61,501- 98,500	\$66,451- 106,400	\$71,351- 114,300	\$76,301- 122,150	\$81,201- 130,050
Above Moderate Income	\$68,951 or greater	\$78,801 or greater	\$88,651 or greater	\$98,501 or greater	\$106,401 or greater	\$114,301 or greater	\$122,151 or greater	\$130,051 or greater

**INCOME CERTIFICATION**

Interviewer: **Check** the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.

- CalWorks   
  Food Stamps   
  Medi-CAL   
  Tax Return (most recent)   
  Unemployment (check stub)  
 SSI\*\*   
  Payroll Stub\*\*   
  Other (i.e. public housing/foster care)\*\* \_\_\_\_\_

(\*\*current-within 2 months)

Self-certified. Please explain: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/CDBG officials (for federally funded grants).

**CLIENT**

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Parent/Client Signature

\_\_\_\_\_  
Date

**INTERVIEWER**

\_\_\_\_\_  
Interviewer Printed Name

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

**NOTES:**