City of Santa Ana CDBG Program
Statistical Information and Income Self-Certification Form

Federally funded Community Development Block Program (CDBG) participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

First Name:_____ Last Name_____ Date:_____

Address (residence):_____

City:_____ Zip Code:_____

Telephone Number _____ Email address:_____

Date of Birth:_____ Age: _____ Gender: ❑Male ❑Female

Female Head of Household: ❑Yes ❑No

Ethnicity (must check one):

❑Hispanic ❑Non-Hispanic

Race (must check one):

❑White
❑Black/African American
❑Asian
❑American Indian/Alaskan Native
❑Nat. Hawaiian/Other Pacific Islander
❑American Indian/Alaskan Nat & White
❑Asian & White
❑Black/African American & White
❑Amer. Ind./Alaskan Nat. & Black
❑Other Multi-Racial

FAMILY INCOME:

Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

FAMILY INCOME TABLE* (BELOW): Family income must include income for all family members 18 years of age and older.

1. **FIRST calculate income using the fillable form, then indicate total annual family gross income** _____

Household Size	Extremely Low Income 0% to 30%	Low Income 31% - 50%	Moderate Income 51% - 80%	Above Moderate 81% and above
1 Person	$0 to $39,100	$39,101 to $65,150	$65,151 to $104,200	$104,201 and above
2 Persons	$0 to $44,700	$44,701 to $74,450	$74,451 to $119,100	$119,101 and above
3 Persons	$0 to $50,300	$50,301 to $83,750	$83,751 to $134,000	$134,001 and above
4 Persons	$0 to $55,850	$55,851 to $93,050	$93,051 to $148,850	$148,851 and above
5 Persons	$0 to $60,350	$60,351 to $100,500	$100,501 to $160,800	$160,801 and above
6 Persons	$0 to $64,800	$64,801 to $107,950	$107,951 to $172,700	$172,701 and above
7 Persons	$0 to $69,300	$69,301 to $115,400	$115,401 to $184,600	$184,601 and above
8 or More	$0 to $73,750	$73,751 to $122,850	$122,851 to $196,500	$196,501 and above

** FY 2026 Income limits effective 5/1/2026*

Family Size Total:_____= Children (0-17 years of age):_____ + Adults (18+ years of age): _____

CERTIFICATION: (Please read before signing)

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date.

Print Name (applicant)	Signature	Date
Print Name (parent/guardian if applicant is a minor)	Signature	Date
Staff Reviewer	Staff Signature	Date

City of Santa Ana CDBG Program
Statistical Information and Income Self-Certification Form

Federally funded Community Development Block Program (CDBG) participants must disclose statistical information in order to participate. The information on this application is necessary for federal reporting purposes for all household members.

First Name:______________________ Last Name____________________ Date:_________________________

Address(residence):____

Other Household Family Members:

First Name:______________________ Last Name____________________ ❑Child ❑Spouse ❑Family Member

Date of Birth:____________________ Age: ____________ Gender: ❑Male ❑Female

Ethnicity (must check one):

❑Hispanic ❑Non-Hispanic

Race (must check one):

❑White
❑Black/African American
❑Asian
❑American Indian/Alaskan Native
❑Nat. Hawaiian/Other Pacific Islander
❑American Indian/Alaskan Nat & White
❑Asian & White
❑Black/African American & White
❑Amer. Ind./Alaskan Nat. & Black
❑Other Multi-Racial

First Name:______________________ Last Name____________________ ❑Child ❑Spouse ❑ Other

Date of Birth:____________________ Age: ____________ Gender: ❑Male ❑Female

Ethnicity (must check one):

❑Hispanic ❑Non-Hispanic

Race (must check one):

❑White
❑Black/African American
❑Asian
❑American Indian/Alaskan Native
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❑American Indian/Alaskan Nat & White
❑Asian & White
❑Black/African American & White
❑Amer. Ind./Alaskan Nat. & Black
❑Other Multi-Racial

First Name:______________________ Last Name____________________ ❑Child ❑Spouse ❑ Other

Date of Birth:____________________ Age: ____________ Gender: ❑Male ❑Female

Ethnicity (must check one):

❑Hispanic ❑Non-Hispanic

Race (must check one):

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❑Asian & White
❑Black/African American & White
❑Amer. Ind./Alaskan Nat. & Black
❑Other Multi-Racial

First Name:______________________ Last Name____________________ ❑Child ❑Spouse ❑ Other

Date of Birth:____________________ Age: ____________ Gender: ❑Male ❑Female

Ethnicity (must check one):

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❑Black/African American & White
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❑Other Multi-Racial

City of Santa Ana CDBG Program
Source of Income Documentation Form

Federally funded Community Development Block Program (CDBG) participants must disclose family income information and documentation. The information on this application is necessary for federal reporting purposes.

Must complete ONE form for each family member 18 years of age and older and submit documentation listed.

Source of Income	Yes/No	Documentation *If yes, please submit the most current documentation available for following:*
Salary, Wages, Tips	Yes ☐ No ☐	Copies of the three (3) most current paychecks/paystubs; **or** Written verification of employment from employer including salary/wage information and number of hours worked each week and the last filed Federal Income Tax Returns.
Self-employed Profits	Yes ☐ No ☐	Account records; **or** Most current quarterly income tax return
Unemployment Insurance	Yes ☐ No ☐	Copy of award/benefit letter; **or** Copy of most recent check; **or** Three most recent bank statements showing deposits of award/benefit check
SSI/SSDI – Supplemental Security Income/Disability Aid	Yes ☐ No ☐	
Pension	Yes ☐ No ☐	
Veteran Benefits	Yes ☐ No ☐	If a grantee chooses to use the IRS 1040 income definition, certain types of disability compensation may be excluded from the calculation, including disability benefits from the VA CDBG Veterans Income Determination Letter
Cash Aid for Families with Children (CalWORKs)	Yes ☐ No ☐	Award letter stating the amount of benefit; **or** Copy of most recent check; **or** Written statement from Caseworker stating the benefit amount
Alimony	Yes ☐ No ☐	Copy of weekly or monthly check; **or** Court decree establishing payments; **or** Affidavit of child support
Child Support	Yes ☐ No ☐	
Interest & Dividend Income	Yes ☐ No ☐	Bank statement showing last 12 months of interest; **or** Investment statements indicating the amount of dividends earned
Rental Property Income	Yes ☐ No ☐	Recent rent check; **or** Copy of rental agreement signed by current tenant
Other Sources of Income	Yes ☐ No ☐	Please Describe:

Certification: (Please read before signing)

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By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program, and that I may be subject to prosecution under the law. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date.

Print Name _____ Signature _____ Date _____

Income Calculation Worksheet

- Semi-Monthly pay cycles are usually 15 days or longer from the 1st - 15th and the 16th - 30th/31st
- Semi-Monthly salaried wage stubs will often show 86.66 or 86.67 under the "hours" section
- Bi-Weekly pay cycles are usually 14 days and begin on the same day of the week and end on the same day of the week from pay cycle to pay cycle
- For migrant workers, monthly gross income is coputed by averaging the total gross income received during the previous 12 months and is NOT recalculated until the next annual certification

Select Appropriate Income Pay Cycle for Applicant Household

Weekly: (52 pay periods annually)

Member Name: _____

$ _____ + $ _____ + $ _____ = $ 0.00 / 3 = $ 0.00

Weekly Average $ 0.00 X 52 pay periods $ 0.00 **gross annual income**

Member Name: _____

$ _____ + $ _____ + $ _____ = $ 0.00 / 3 = $ 0.00

Weekly Average $ 0.00 X 52 pay periods $ 0.00 **gross annual income**

Bi-Weekly: (26 pay periods annually)

Member Name: _____

$ _____ + $ _____ + $ _____ = $ 0.00 / 3 = $ 0.00

Bi-Weekly Average $ 0.00 X 26 pay periods $ 0.00 **gross annual income**

Member Name: _____

$ _____ + $ _____ + $ _____ = $ 0.00 / 3 = $ 0.00

Bi-Weekly Average $ 0.00 X 26 pay periods $ 0.00 **gross annual income**

Semi-Monthly: (24 pay peroids annually)

Member Name: _____

$ _____ + $ _____ + $ _____ = $ 0.00 / 3 = $ 0.00

Semi-Monthly Avg. $ 0.00 X 24 pay periods $ 0.00 **gross annual income**

Member Name: _____

$ _____ + $ _____ + $ _____ = $ 0.00 / 3 = $ 0.00

Semi-Monthly Avg. $ 0.00 X 24 pay periods $ 0.00 **gross annual income**

Monthly: (12 pay periods annually)

Member Name: _____

$ _____ X 12 pay periods $ 0.00 **gross annual income**

Member Name: _____

$ _____ X 12 pay periods $ 0.00 **gross annual income**

Fluctuating: use for seasonal, migrant, agricultural, commissions

Member Name: _____

$ _____ **gross annual income**

Member Name: _____

$ _____ **gross annual income**

Total Household Annual Income
From All Sources Listed Above: 0