



**BUS VOUCHER PROGRAM
COMMUNITY DEVELOPMENT BLOCK GRANT
SELF-DECLARATION OF ELIGIBILITY**

To ensure that the program benefits households who meet the CDBG Program eligibility requirements, please take a moment to complete the form below. This information is confidential and will only be used for the purpose of determining your family's eligibility for the program.

Name: _____

Address: _____

Street/City/State/Zip

Step 1: Check the number of persons in your household

Step 2: Check the income range to the right of the checked household size that describes your household's annual gross income. *

	30% Extremely Low	50% Very Low	80% Low
1 Person	\$18,100 or less	\$18,101 - \$30,100	\$30,101 - \$48,150
2 Persons	\$20,650 or less	\$20,651 - \$34,400	\$34,401 - \$55,000
3 Persons	\$24,860 or less	\$24,861 - \$38,700	\$38,701 - \$61,900
4 Persons	\$30,000 or less	\$30,001 - \$43,000	\$43,001 - \$68,750
5 Persons	\$35,140 or less	\$35,141 - \$46,450	\$46,451 - \$74,250
6 Persons	\$40,280 or less	\$40,281 - \$49,900	\$49,901 - \$79,750
7 Persons	\$45,420 or less	\$45,421 - \$53,350	\$53,351 - \$85,250
8 Persons	\$50,560 or less	\$50,561 - \$56,800	\$56,801 - \$90,750
HUD Income Limits effective 05/15/2023			

*NOTE: Your household's annual gross income is the total of ALL income received by ALL persons living in your home including employment, social security, SSI, SSD, unemployment, WAGES, child support, alimony, retirement, investment income, etc.

The following information is for reporting purposes only:

Are you a female head of household? ☐ Yes ☐ No

Are you Hispanic or Latino? ☐ Yes ☐ No

Please indicate your race/ethnic group (Check only one):

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

I understand that under U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading information given by me can result in a fine and/or imprisonment if found guilty.

Adult's Signature

Date