



CITY OF NEW BEDFORD
Office of Housing and Community Development
INCOME CERTIFICATION FORM
FISCAL YEAR 2020

Income Limits set by the U.S. Department of Housing & Urban Development *(Please circle one)*:

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income (30%)	0 – 17,500	0 – 20,000	0 – 22,500	0 – 25,000	0 – 27,000	0 – 29,000	0 – 31,000	0 – 33,000
Very Low Income (50%)	17,501 – 29,200	20,001 – 33,350	22,501 – 37,500	25,001 – 41,650	27,001 – 45,000	29,001 – 48,350	31,001 – 51,650	33,001 – 55,000
Low Income (80%)	29,201 – 46,650	33,351 – 53,300	37,501 – 59,950	41,651 – 66,600	45,001 – 71,950	48,351 – 77,300	51,651 – 82,600	55,001 – 87,950
Over Income	46,651 – Above	53,301 – Above	59,951 – Above	66,601 – Above	71,951 – Above	77,301 – Above	82,601 – Above	87,951 – Above

Ethnicity: *(select only one)*

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: *(select only one)*

☐ White ☐ Native Hawaiian/Other Pacific Islander ☐ Am. Indian/Alaskan Native & Black/African Am.
☐ Black/African American ☐ American Indian/Alaskan Native & White ☐ Asian/Pacific Islander
☐ Asian ☐ Asian and White ☐ Other Multi-Racial
☐ American Indian/Alaskan Native ☐ Black/African American and White

Other: *(select all that apply)*

☐ Seniors (62 years or older) ☐ Female Head of Household ☐ Handicapped or Disabled

☐ Minors (up to age 18) **NOTE: If client is below 18 years of age, parent or legal guardian must verify income and sign form.**

Applicant's Signature

Typed or Printed Name

I certify, under the penalties of law, that this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford's Office of Housing & Community Development and the U.S. Department of Housing & Urban Development.

This information will be kept confidential and used for HUD monitoring purposes, only.

Signature of Parent/Legal Guardian: _____ **Date:** _____