



CITY OF NEW BEDFORD
Office of Housing and Community Development

INCOME CERTIFICATION FORM
FISCAL YEAR 2024

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 – 23,000	0 – 26,300	0 – 29,600	0 – 32,850	0 – 36,580	0 – 41,960	0 – 47,340	0 – 52,720
Very Low Income (50%)	23,001 – 38,350	26,301 – 43,800	29,601 – 49,300	32,851 – 54,750	36,581 – 59,150	41,961 – 63,550	47,341 – 67,900	52,721 – 72,300
Low Income (80%)	38,351 – 61,350	43,801 – 70,100	49,301 – 78,850	54,751 – 87,600	59,151 – 94,650	63,551 – 101,650	67,901 – 108,650	72,301 – 115,650
Over Income	61,351 – Above	70,101 – Above	78,851 – Above	87,601 – Above	94,651 – Above	101,651 – Above	108,651 – Above	115,651 – 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:** _____