| Name of Participant(s): | Race | Male | Female |
| :---: | :---: | :---: | :---: |
|  | Race | Male | Female |
| Head of Household: | Race | Male | Female |

Using table below, please indicate total annual income of all members of your household. This includes wages, retirement, child support, social security, disability, etc. First, determine household size number in the first column. Then, select one of the three annual household income options going across on the same line.

| Household Size (Including Yourself) | Extremely Low Income | Very Low Income | Low Income |
| :---: | :---: | :---: | :---: |
| $\square 1$ Person | $\square$ \$0 up to \$14,250 | $\square$ \$14,251 up to \$23,700 | $\square$ \$23,701 up to \$37,900 |
| $\square 2$ Persons | $\square$ \$0 up to \$16,250 | $\square$ \$16,251 up to \$27,050 | $\square$ \$27,051 up to \$43,300 |
| $\square 3$ Persons | $\square$ \$0 up to \$18,300 | $\square$ \$18,301 up to \$30,450 | $\square$ \$30,451 up to \$48,700 |
| $\square 4$ Persons | $\square$ \$0 up to \$20,300 | $\square$ \$20,301 up to \$33,800 | $\square$ \$33,801 up to $\$ 54,100$ |
| $\square 5$ Persons | $\square$ \$0 up to \$21,950 | $\square$ \$21,951 up to \$36,550 | $\square$ \$36,551 up to \$58,450 |
| $\square 6$ Persons | $\square$ \$0 up to \$23,550 | $\square$ \$23,551 up to \$39,250 | $\square$ \$39,251 up to \$62,800 |
| $\square 7$ Persons | $\square$ \$0 up to \$25,200 | $\square$ \$25,201 up to \$41,950 | $\square$ \$41,951 up to \$67,100 |
| $\square 8$ Persons | $\square$ \$0 up to \$26,800 | $\square$ \$26,801 up to $\$ 44,650$ | $\square$ \$44,651 up to \$71,450 |

I understand that State and Federal Law prohibits intentional or willful false statements or misrepresentations concerning financial position or household size. I fully understand that making intentional or willful false statements or misrepresentations is punishable by fine and/or imprisonment. I further understand that any intentional or willful false statements or misrepresentations of information will be grounds for disqualification to participate in the activity funded by the City of Montgomery through the U.S. Department of Housing and Urban Development (HUD). I certify that all of the information provided is true and exact to the best of my knowledge and belief.

## Signature

Applicant OR $\square$ Parent/Guardian (Check One)
$\overline{\text { Date }}$

