

2019 INCOME QUALIFICATION OLATHE TAXI CDBG FUNDED ACTIVITY

(Must be filled out by Applicant each calendar year assistance is requested)

APPLICANT Last Name	First Name	Phone
Street	Olathe City	Zip

Including yourself, how many persons make up your household? _____

Is this a female headed household? Yes No
 Is the head of household elderly? (Age 62 or older) Yes No

ETHNICITY - How many members of your household are Hispanic/Latino? _____

RACE - How many members of your household are: (Please put actual number of persons in box.)

White
 Black/ African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
OR
 Black/African American & White
 American Indian/Alaskan Native & White
 Asian & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-racial

Please provide the following information for **ALL members residing in current household, even if they do not have any income. ALL members in the household over 18 must sign certification.**

Name	Age	Employer / Sources of Income	Gross Annual Income

TOTAL GROSS (before taxes or deductions) PROJECTED ANNUAL INCOME \$ _____

******* Are you related to anyone who works for the City of Olathe or Johnson County? Yes No

If yes, Conflict of Interest Determination must be completed prior to approval

Documentation of the income listed above or a zero income certification must be attached to this application.

Certification

Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance I receive through this application.

Applicant Signature	Date
Co-Applicant Signature	Date

FOR AGENCY USE ONLY

Income is at/below 30% between 30 - 50% between 50 - 80% of **HUD Income Guidelines**.
 Please attach copy of CPD income eligibility calculator sheets completed online at:

<https://www.onecpd.info/incomecalculator/>

Certification conducted by: _____ Date: _____
 Printed Name: _____

SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTATION REQUIRED

SOURCES OF MONTHLY INCOME	REQUIRED DOCUMENTS Attach copy of the following:
Wages, salaries, overtime pay, fees, tips, commissions, bonuses, & other compensation for personal services (before any payroll deductions)	Copy of most recent pay stubs
Child support payments	Copy of court order
Alimony	Copy of court order
Unemployment, worker's compensation, severance pay	Copy of pay stub/docs from payor
Welfare assistance	Letter of benefits from agency
Interest, dividends and other net income of any kind from real or personal property	Bank statements
Social Security	NEW benefit amount letter from Social Security
Annuities	Monthly payment statement
Retirement Funds	Monthly payment statement
Pensions	Monthly payment statement
Insurance Policies	Monthly payment statement
Disability or Death Benefits	Letter from Social Security or other payor agency
Net income from operating a business	Most recent state quarterly tax filing

MONTHLY INCOME NOT COUNTED-No Documentation Required

- ✓ **Food stamps**
- ✓ **Income from employment of children under 18 years of age**
- ✓ **Earnings in excess of \$480 for each full-time students 18 years and older**
- ✓ **Payments for foster care**
- ✓ **Lump sum payments such as inheritances, insurance payments**
- ✓ **Payments as reimbursements for medical costs**
- ✓ **Full amount of student financial assistance paid directly to students or institutions**
- ✓ **Refunds or rebates under state or local law for property taxes**
- ✓ **Amounts paid by state agency to family with member who has a developmental disability and is living at home**