

CDBG Self Certification Form

This program is made possible through the support of the Howard County Community Development Block Grant (CDBG) program. CDBG is a federally funded program through the U.S. Department of Housing and Urban Development (HUD), administered by Howard County, and designed to serve low- and moderate-income individuals. To meet the program national objectives, we need to collect data that is reported to HUD through Howard County Government. Names are not provided beyond this organization, but the statistical data is required to ensure compliance with rules and regulations for the use of these funds. IT IS ONLY THROUGH YOUR COOPERATION THAT WE CAN PROVIDE THESE PROGRAMS.

Please provide the following information. (Name and address information is not forwarded to the Howard County Government. It is only used to count individuals served.)

Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please **circle family size** and place a check mark in the box to the right of family size that indicates your **total family income**. In answering this question, include income sources that you would report on your Federal income tax form.

Family Size	Total Family Annual Income (Effective 12/1/11)			
	1	<input type="checkbox"/> \$0 - \$18,000	<input type="checkbox"/> \$18,001 - \$30,000	<input type="checkbox"/> \$30,001 - \$45,500
2	<input type="checkbox"/> \$0 - \$20,600	<input type="checkbox"/> \$20,601 - \$34,250	<input type="checkbox"/> \$34,251 - \$52,000	<input type="checkbox"/> over \$52,001
3	<input type="checkbox"/> \$0 - \$23,150	<input type="checkbox"/> \$23,151 - \$38,550	<input type="checkbox"/> \$38,551 - \$58,500	<input type="checkbox"/> over \$58,501
4	<input type="checkbox"/> \$0 - \$25,700	<input type="checkbox"/> \$25,701 - \$42,800	<input type="checkbox"/> \$42,801 - \$65,000	<input type="checkbox"/> over \$65,001
5	<input type="checkbox"/> \$0 - \$27,800	<input type="checkbox"/> \$27,801 - \$46,250	<input type="checkbox"/> \$46,251 - \$70,200	<input type="checkbox"/> over \$70,201
6	<input type="checkbox"/> \$0 - \$29,850	<input type="checkbox"/> \$29,851 - \$49,650	<input type="checkbox"/> \$49,651 - \$75,400	<input type="checkbox"/> over \$75,401
7	<input type="checkbox"/> \$0 - \$31,900	<input type="checkbox"/> \$31,901 - \$53,100	<input type="checkbox"/> \$53,101 - \$80,600	<input type="checkbox"/> over \$80,601
8	<input type="checkbox"/> \$0 - \$33,950	<input type="checkbox"/> \$33,951 - \$56,500	<input type="checkbox"/> \$56,501 - \$85,800	<input type="checkbox"/> over \$85,801
Total Persons				

Please indicate the ethnicity of the head of household

Hispanic or Latino _____
 Non Hispanic or Non Latino _____

Please indicate the race of the head of household

American Indian or Alaska Native _____ Asian _____ Black or African American _____
 Native Hawaiian or Other Pacific Islander _____ White _____
 American Indian or Alaska Native and Black or African American _____
 Asian and White _____ Black or African American and White _____
 American Indian or Alaska Native and White _____
 Multi-Race *not listed above (include multi-race)* _____

Is the Head of Household Female? Y / N (Circle one)

I certify that the information provided is correct to the best of my knowledge. If necessary, I will provide the information required to verify this data (e.g., pay stubs, bank account statements, etc.).

Signature

Date

Dear Children's Learning Center Parent:

Are you:

-a Howard Community College student

and

-Howard County resident enrolled for six or more credits?

NO? Complete the reverse side of this form and submit it with your child care registration materials.

YES? Complete the reverse side of this form to determine your eligibility to receive the Community Development Block Grant. If your income is within the eligible range, submit the following and sign below:

Student ID number _____

A completed Howard Community College Statistical Information Form (*every semester during child's enrollment period*)

College class schedules *every semester during child's entire enrollment period*

A copy of the most recent Federal income tax return (submit yearly)

OR

Copies of recent four weeks consecutive paystubs (submit twice yearly or if pay changes)



I agree to submit in writing to the Administrative Office Associate all class schedule or employment changes *and* my grade point average at the end of every semester my child is enrolled at the Children's Learning Center.

Signature

Name (printed)

Date