



OFFICE OF COMMUNITY DEVELOPMENT
 474 BROADWAY, THIRD FLOOR
 SARATOGA SPRINGS, NEW YORK 12866
 518.587.3550 x2575
 SARATOGA-SPRINGS.ORG/167/COMMUNITY-DEVELOPMENT

**ECONOMIC DEVELOPMENT REVOLVING LOAN
 INCOME SELF-CERTIFICATION FORM**

LOW-MODERATE INCOME EMPLOYEE

LAST NAME:	FIRST NAME:
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POSITION:

DATE (OR PROPOSED DATE) OF HIRE:

HOUSEHOLD MEMBER INFORMATION (INCLUDING EMPLOYEE)

FIRST NAMES:	LAST NAMES:	HH	CH	DIS	62+	S≥18	<18	<15
1								
2								
3								
4								
5								
6								
7								
8								

HH = HEAD OF HOUSEHOLD; **CH** = CO-HEAD OF HOUSEHOLD; **DIS** = PERSON WITH DISABILITIES; **62+** = PERSON 62 YEARS OF AGE OR OLDER; **S≥18** = FULLTIME STUDENT AGE 18 OR OVER; **<18** = CHILD UNDER THE AGE OF 18 YEARS; **<15** = MINOR UNDER THE AGE OF 15 YEARS

EMPLOYEE RACE (CHECK ALL THE APPLY):

WHITE	ASIAN	BLACK/AFRICAN AMERICAN	AMERICAN INDIAN/ALASKAN NATIVE	NATIVE HAWAIIAN	OTHER MULTIRACIAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE ETHNICITY (CHECK ONE): HISPANIC NOT HISPANIC

CONTACT INFORMATION

ADDRESS LINE 1:	CITY:
ADDRESS LINE 2:	STATE: ZIP CODE:

INCOME INFORMATION

ANNUAL GROSS INCOME (TOTAL OF ALL MEMBERS) = \$ _____

CERTIFICATION

I/WE CERTIFY THAT THIS INFORMATION IS COMPLETE AND ACCURATE. I/WE AGREE TO PROVIDE, UPON REQUEST, DOCUMENTATION ON ALL INCOME SOURCES TO THE HUD GRANTEE/PROGRAM ADMINISTRATOR.

COMPLETE SIGNATURES ON SECOND PAGE

HEAD OF HOUSEHOLD

Signature	Printed Name	Date
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OTHER ADULT HOUSEHOLD MEMBERS*

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.