City of Auburn, Maine - Self-Certification Form for Family Income

Date:	Program:	Farmer's Market CV-2020	ID#:
Community Developm	ent Block Grant: Prog	gram Year 2020-2021	
grant benefits. This info	ormation is necessary		your household request for federal block strate compliance with the grant for the cation.
Please indicate your in members living in you	•	t relates to the number of per	rsons in your family and non-family
Household Size	30% or below	30%-50%	50%-80%
1	□ \$0—14,700	□ \$14,701-24,500	□ \$24,501-39,150
2	□ \$0—16,800	□ \$16,801-28,000	□ \$28,001-44,750
3	□ \$0—18,900	□ \$18,901-31,500	□ \$31,501-50,350
4	□ \$0—20,950	□ \$20,951-34,950	□ \$34,951-55,900
5	□ \$0—22,650	□ \$22,651-37,750	□ \$37,751-60,400
6	□ \$0—24,350	□ \$24,351-40,550	□ \$40,550-64,850
7	□ \$0—26,000	□ \$26,001-43,350	□ \$43,350-69,350
8	□ \$0—27,700	□ \$27,701-46,150	□ \$46,150-73,800
How many total hours are worked by household members monthly? If you are not employed and received assistance (i.e., AFDC, SSI, child support, etc.) Please indicate what type and monthly allocation Gender of head of household (HH):			
Ethnicity of HH: ☐ Hispanic ☐ Non-Hispanic			
Race of HH: □ White □ Black/African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian/Other Pacific Islander □ American Indian/Alaska Native & White □ Asian & White □ Black/African American & White □ American Indian/Alaska Native & Black/African American □ Other multi-racial			
Is HH any one of the following: battered spouse, elderly person over 60, severely disabled adult, homeless person, illiterate adult, person living with AIDS, and/or a migrant farm worker: \Box Yes \Box No			
have provided on my f	amily income is subj		understand that the information I ized representatives of the City of opment.
Applicant Name:		Signature	:
Street Address:		Telephone	e #: