

City of Edmond CDBG Neighborwoods Program Income Certification Form

The City of Edmond CDBG Department has received notice of, or the City Forester has identified, one or more hazardous trees at your residence. If you qualify, the tree(s) could be trimmed or removed by a professional tree contractor, hired by the City of Edmond, at NO of Edmond CDBG Program and the US Department of Housing and Urban Development. In order to participate, this form must be completed. **ALL INFORMATION PROVIDED IS CONFIDENTIAL AND SUBJECT TO VERIFICATION.**

Name of Applicant/Resident Phone Number(s)

Street Address, City, State, Zip Location of Tree(s) to be removed or trimmed.

Owner's Name and Phone Number

To be eligible, your **annual household income** must be less than the dollar amounts below. Annual household income shall include all earnings of all individuals who occupy the home, including children, relatives and unrelated residents for the next 12 months.

- 1 person household - \$41,000
- 2 person household - \$46,850
- 3 person household - \$52,700
- 4 person household - \$58,550
- 5 person household - \$63,250
- 6 person household - \$67,950
- 7 person household - \$72,650
- 8 person or more household - \$77,300

Annual **Household** Income: _____

See the chart to the left, do you meet this requirement?

YES or NO

Number of Adults in your Household: _____ Number of Children in your Household: _____

Number of Disabled persons in your household: _____ Female Head of Household? YES or NO

<i>For HUD Reporting Purposes Only - Please account for each child served.</i>	
Race:	_____ White
	_____ Black/African American
	_____ American Indian/Alaskan Native
	_____ White Hispanic/Latino
	_____ Black Hispanic/Latino
	_____ Asian
	_____ Native Hawaiian/Other Pacific Islander
	_____ Black/African American & White
	_____ American Indian/Alaskan Native & Black/African American
	_____ American Indian/Alaskan Native & White
	_____ Asian & White
	_____ Other Multi-Racial

I certify that the information provided is true and I understand that any false information provided could result in the dismissal of this application for assistance.

Tenant Signature: _____

Homeowner Signature (required): _____

Date of Service: _____