



Mayor's Office of Housing and Community Development City & County of San Francisco

2019-2020 Family Income Verification Form

The Mayor's Office of Housing and Community Development (MOHCD) collects client information to meet specific federal, state, and local reporting requirements and to improve program quality and service delivery. MOHCD protects all clients' personally identifiable information from unauthorized disclosure.

Agency Instructions

1. **Use the Family Income Verification Form Instructions** to help with form completion.
2. Please **complete** and **review** this form **with client**.
3. This form must be kept on **file for five years**.
4. **All items must be completed** unless noted as optional.

Client Information

Client Name/Unique Identifier _____ Date of Birth ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ e-mail: _____
(Optional) (Optional)

Which best describes your ethnicity? (Check one. Please also select from the "race" options below)

- Hispanic/Latino Not Hispanic/Latino

Which best describes your race? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian <i>and</i> White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/African American <i>and</i> White |
| <input type="checkbox"/> White | <input type="checkbox"/> Other/Multiracial |

Cultural Affiliation or Nationality (optional): _____

What is your gender? (Check one that that best describes your current gender identity)

- | | |
|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Trans Female |
| <input type="checkbox"/> Male | <input type="checkbox"/> Trans Male |
| <input type="checkbox"/> Genderqueer/Gender Non-binary | <input type="checkbox"/> Not Listed. Please Specify _____ |

How do you describe your sexual orientation or sexual identity? (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Straight/Heterosexual |
| <input type="checkbox"/> Gay /Lesbian/Same-Gender Loving | <input type="checkbox"/> Not listed. Please specify: _____ |
| <input type="checkbox"/> Questioning /Unsure | <input type="checkbox"/> Decline to answer |

Which best describes your family? (Check one)

Family includes, but is not limited to the following—regardless of actual or perceived sexual orientation, gender identity, or marital status—a single person or a group of persons residing together.

- Single Headed Family Dual Headed Family

Number of persons living in your family (including yourself): _____

Total estimated income for next 12 months for all adult members: \$ _____

Current Income Information (Number of persons in “family” above must match this section)

(Circle correct income level. If number of family members is greater than eight persons, refer to instruction sheet)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	\$0 – 33,850	\$0 - 38,700	\$0 – 43,350	\$0 – 48,350	\$0 – 52,250	\$0 – 56,100	\$0 – 60,000	\$0 – 63,850
Low Income	\$33,851-56,450	\$38,701-64,500	\$43,351-72,550	\$48,351-80,600	\$52,251-87,050	\$56,101-93,500	\$60,001-99,950	\$63,851-106,400
Moderate Income	\$56,451-90,450	\$64,501-103,350	\$72,551-116,250	\$80,601-129,150	\$87,051-139,500	\$93,501-149,850	\$99,951-160,150	\$106,401-170,500
Above Moderate Income	\$90,451 or greater	\$103,351 or greater	\$116,250 or greater	\$129,151 or greater	\$139,501 or greater	\$149,851 or greater	\$160,151 or greater	\$170,501 or greater

Income Certification

Interviewer: Check the income level of the client and indicate below the source of information used to verify this information.

*Please see instruction sheet to help with completion (**current-within 2 months).*

- CalWorks
 Food Stamps
 Medi-CAL
 Tax Return (most recent)
 Unemployment (check stub)
- SSI**
 Payroll Stub**
 Other (i.e. public housing/foster care) **
- Self-certified. Please explain _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/CDBG officials (for federally funded grants).

CLIENT

Client Printed Name

Parent/Client Signature

Date

INTERVIEWER

Interviewer Printed Name

Interviewer Signature

Date

NOTES: