The City of SAN DIEGO

Economic Development Department
Community Development Division

FY 2027 CDBG Income Verification & Demographics Form Sample

Personal information requested below is confidential and will remain internal. We collect information directly from you with your permission as required by those funding our programs. As such, this information is required as it allows us to provide services free of charge and better understand the needs of our clients.

Client Name:				**Client Unique Identifier #:**			
Client Physical Address:		**City:**		**State:**		**ZIP:**	
Telephone:	( ) —	**Email:**					
Client Ethnic Background (Required to check one):	☐ Hispanic/Latino ☐ Not Hispanic/Latino	**Gender Identity (Optional):**	☐ Female ☐ Male ☐ Non-Binary	**Is Client Head of Household?**	☐ Yes ☐ No		
Client Racial Background (Required to check one):	☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander		☐ American Indian/Alaskan Native & White ☐ American Indian/Alaskan Native & Black/African American ☐ Asian & White ☐ Black/African American & White ☐ Other Multi-Racial				

Household Size	**Name** (First and Last)	**Relationship to Head of Household** (Self, spouse, child, parent, sibling, other, etc.)	**Annual Income** (from all sources; attach verification as available such as pay stubs, W-2 Forms, proof of SSI/pension, Cash Aid, unemployment, etc.)	
Head of Household			**$**	**Source(s):**
Household Member 2			**$**	**Source(s):**
Household Member 3			**$**	**Source(s):**
Household Member 4			**$**	**Source(s):**
Household Member 5			**$**	**Source(s):**
Household Member 6			**$**	**Source(s):**
Household Member 7			**$**	**Source(s):**
Household Member 8			**$**	**Source(s):**
Household Size Total		**Annual Household Income Total:**	**$**	

DETERMINING HOUSEHOLD INCOME LEVEL

The following sources of income should be considered when calculating the client's total household income:

- ✓ Wages, salaries, tips, commissions, etc. (except full-time students);
- ✓ Self-employment income from own non-farm business, including proprietorships and partnerships (except full-time students);
- ✓ Interest, dividends, net rental income, or income from estates or trusts;
- ✓ Social Security or railroad retirement;
- ✓ Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare programs;
- ✓ Retirement, survivor, or disability pensions; and
- ✓ Any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, child support and alimony.

Based on the client's household size and total household annual income reported on this form, the client's household income category is as selected below (check one):

HOUSEHOLD SIZE	EXTREMELY LOW INCOME LIMITS (0-30% OF MEDIAN)	VERY LOW INCOME LIMITS (31-50% OF MEDIAN)	LOW/MODERATE INCOME LIMITS (51-80% OF MEDIAN)	NON-LOW/MODERATE INCOME LIMITS (ABOVE 80% OF MEDIAN)
1	$0 - $36,750 ☐	$36,751 - $61,250 ☐	$61,251 - $97,950 ☐	ABOVE $97,950 ☐
2	$0 - $42,000 ☐	$42,001 - $70,000 ☐	$70,001 - $111,950 ☐	ABOVE $111,950 ☐
3	$0 - $47,250 ☐	$47,251 - $78,750 ☐	$78,751 - $125,950 ☐	ABOVE $125,950 ☐
4	$0 - $52,450 ☐	$52,451 - $87,450 ☐	$87,451 - $139,900 ☐	ABOVE $139,900 ☐
5	$0 - $56,650 ☐	$56,651 - $94,450 ☐	$94,451 - $151,100 ☐	ABOVE $151,100 ☐
6	$0 - $60,850 ☐	$60,851 - $101,450 ☐	$101,451 - $162,300 ☐	ABOVE $162,300 ☐
7	$0 - $65,050 ☐	$65,051 - $108,450 ☐	$108,451 - $173,500 ☐	ABOVE $173,500 ☐
8	$0 - $69,250 ☐	$69,251 - $115,450 ☐	$115,451 - $184,700 ☐	ABOVE $184,700 ☐

Source: U.S. Department of Housing and Urban Development, June 1, 2026.

CLIENT CERTIFICATION

I certify that the information given on this form is complete and accurate to the best of my knowledge. *I certify that I am at least 18 years of age or older. I am aware that there are penalties for willfully and knowingly giving false information on an application for federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to review by City staff and federal personnel for compliance monitoring purposes only.*

☐ By checking this box, I hereby declare that I am homeless residing predominantly within the City of San Diego.

☐ By checking this box, I hereby certify that I do not have income to report.

Client Signature (or Parent Signature if Client is Minor) _____ Date _____

REQUIRED TO BE COMPLETED BY PROGRAM STAFF ONLY

Determination Date: _____ **Determination:** **Qualified** ☐ **Not Qualified** ☐

Subrecipient Staff Name/Signature _____ **Date** _____ **Date Client Notified of Determination:** _____

Subrecipient Staff Name/Signature _____ **Date** _____ **Date This Form and Income Verification Documents Filed in Client Records:** _____

Type of Income Verification Document(s) Attached/Comments/Notes:

The City of SAN DIEGO

Economic Development Department
Community Development Division

FY 2027 CDBG Income Verification Worksheet

Determining Household Income Level

This worksheet is provided for informational purposes only and is expected to be used to assist organizations with determining client income and eligibility for services. The worksheet alone is not sufficient to demonstrate low to moderate-income status. As such, case files are expected to contain this worksheet in addition to either documentation of income or self-certification forms if documentation is unavailable.

The following sources of income should be considered when calculating the client's total household income:

- ✓ Wages, salaries, tips, commissions, etc. (except full-time students);
- ✓ Self-employment income from own non-farm business, including proprietorships and partnerships (except full-time students);
- ✓ Interest, dividends, net rental income, or income from estates or trusts;
- ✓ Social Security or railroad retirement;
- ✓ Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare programs;
- ✓ Retirement, survivor, or disability pensions; and
- ✓ Any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, child support and alimony.

Client Household Information						
Household Size	**Name** (First and Last)	**Age**	**Relationship to Head of Household** (Self, spouse, child, parent, sibling, other, etc.)	**Monthly Income (From all sources)**	**Annual Income (Monthly Income x 12)** (from all sources; attach verification such as pay stubs, W-2 Forms, proof of SSI/pension, cash aid, unemployment, etc.)	
Head of Household				$	$	**Source(s):**
Household Member 2				$	$	**Source(s):**
Household Member 3				$	$	**Source(s):**
Household Member 4				$	$	**Source(s):**
Household Member 5				$	$	**Source(s):**
Household Member 6				$	$	**Source(s):**
Household Member 7				$	$	**Source(s):**
Household Member 8				$	$	**Source(s):**
Household Size Total		**Annual Household Income Total:**		$	$	

Client's household size and total household annual income as reported on this form, the client's household income category is as selected below:

Household Size	Extremely Low Income Limits (0-30% of median)	Very Low Income Limits (31-50% of median)	Low/Moderate Income Limits (51-80% of median)	Non-Low/Moderate Income Limits (Above 80% of median)
1	$0 - $36,750 ☐	$36,751 - $61,250 ☐	$61,251 - $97,950 ☐	Above $97,950 ☐
2	$0 - $42,000 ☐	$42,001 - $70,000 ☐	$70,001 - $111,950 ☐	Above $111,950 ☐
3	$0 - $47,250 ☐	$47,251 - $78,750 ☐	$78,751 - $125,950 ☐	Above $125,950 ☐
4	$0 - $52,450 ☐	$52,451 - $87,450 ☐	$87,451 - $139,900 ☐	Above $139,900 ☐
5	$0 - $56,650 ☐	$56,651 - $94,450 ☐	$94,451 - $151,100 ☐	Above $151,100 ☐
6	$0 - $60,850 ☐	$60,851 - $101,450 ☐	$101,451 - $162,300 ☐	Above $162,300 ☐
7	$0 - $65,050 ☐	$65,051 - $108,450 ☐	$108,451 - $173,500 ☐	Above $173,500 ☐
8	$0 - $69,250 ☐	$69,251 - $115,450 ☐	$115,451 - $184,700 ☐	Above $184,700 ☐

Source: U.S. Department of Housing and Urban Development, June 1, 2026.

The City of SAN DIEGO

Public Services Attachment D
Community Development Block Grant
Self-Certification Form

[Insert Subrecipient Name]

Fiscal Year 2027 Public Services CDBG Grantee

Personal information requested below is confidential and will remain internal. We collect information directly from you with your permission as required by those funding our programs. As such, this information is required as it allows us to provide services free of charge and better understand the needs of our clients.

Part I: Required Confidential Client / Beneficiary HUD Demographic Data

Client Name:				**Client Unique Identifier #:**			
Client Physical Address:		**City:**		**State:**		**ZIP:**	
Telephone:	( ) —	**Email:**					
Client Ethnic Background (Required to check one):	☐ Hispanic/Latino ☐ Not Hispanic/Latino	**Gender Identity (Optional):**	☐ Female ☐ Male ☐ Non-Binary	**Is Client Head of Household?**	☐ Yes ☐ No		
Client Racial Background (Required to check one):	☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander		☐ American Indian/Alaskan Native & White ☐ American Indian/Alaskan Native & Black/African American ☐ Asian & White ☐ Black/African American & White ☐ Other Multi-Racial				

Part II: Required Confidential Client / Beneficiary Income Certification. Must be completed and signed prior to the provision of services.

1) Number of Family Members & Gross Income:

My total family size consists of _____ members, and the total gross annual income* for all adult members is $_____.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aides, per 24 CFR 5.403).

I certify that the information given on this form is complete and accurate to the best of my knowledge. I certify that I am at least 18 years of age or older. I am aware that there are penalties for willfully and knowingly giving false information on an application for federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to review by City staff and federal personnel as part of compliance monitoring only.

Client / Beneficiary Signature: _____ Date: _____

Client / Beneficiary Name (print): _____

The City of SAN DIEGO

Public Services
Community Development Block Grant
Self-Certification Form

Attachment D

[Insert Subrecipient Name]

Fiscal Year 2027 Public Services CDBG Grantee *Information below is to be completed by Program Operator.*

Client / Beneficiary First and Last Name (Printed): _____

Participant/Beneficiary Income and Location Verification

Family is:
☐ 0-30% of median (Extremely Low Income)
☐ 31-50% of median (Very Low Income)
☐ 51%- 80% of median (Low/Moderate Income)
☐ Above 80% of median (Non-Low/Moderate Income)
(Total number of clients in the Non-Low/Moderate Income group cannot exceed 49% of total served.)

Subrecipient Must:

1) Refer to the current City of San Diego CDBG Income limits from https://www.sandiego.gov/cdbg to select the appropriate income category (i.e. Extremely Low Income to Moderate Income)

2) Certify Client Physical Home Address Is: ☐ Within City of San Diego Limits ☐ Beyond City of San Diego Limits

3) Proof of City of San Diego Residency Provided and Copied with Address:
☐ CA Driver License ☐ CA State ID ☐ Bank Statements ☐ Lease Agreement ☐ Utility Bill
☐ Medical Insurance ☐ Vehicle Insurance or Registration ☐ IRS or CA Tax Return ☐ Employment Documents
☐ Other, please list _____

Subrecipient Certification: *I certify that the Client/Beneficiary demographic data provided is accurate to the best of my knowledge. I certify that comparison of the stated family size and gross income of the Client / Beneficiary with the current CPD annual income limits for the City of San Diego resulted in the income level indicated above. I certify that the residency of the Participant/Beneficiary is true and correct per the requirements of 24 CFR 570.309.*

Note: This completed certification must be maintained in the Confidential Program file for review at time of monitoring.

Program Staff First and Last Name (printed): _____ **Job Title:** _____

Program Staff Signature: _____ _____ **Date**: _____

Eligibility is valid until (one year after certification signed): _____ (list date)

The City of SAN DIEGO

Public Services (Seniors Only)
Community Development Block Grant
Self-Certification Form

[Insert Subrecipient Name]

Fiscal Year 2027 Public Services CDBG Grantee

Personal information requested below is confidential and will remain internal. We collect information directly from you with your permission as required by those funding our programs. As such, this information is required as it allows us to provide services free of charge and better understand the needs of our clients.

Part I: Required Confidential Client / Beneficiary HUD Demographic Data

CLIENT NAME:		**CLIENT BIRTH MONTH & YEAR**		**CLIENT UNIQUE IDENTIFIER #:**			
CLIENT PHYSICAL ADDRESS:		**CITY:**		**STATE:**		**ZIP:**	
TELEPHONE:	( ) —	**EMAIL:**					
CLIENT ETHNIC BACKGROUND (REQUIRED TO CHECK ONE):	☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO	**GENDER IDENTITY (OPTIONAL):**	☐ FEMALE ☐ MALE ☐ NON-BINARY	**IS CLIENT HEAD OF HOUSEHOLD?**	☐ YES ☐ NO		
CLIENT RACIAL BACKGROUND (REQUIRED TO CHECK ONE):	☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ ASIAN ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		☐ AMERICAN INDIAN/ALASKAN NATIVE & WHITE ☐ AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN ☐ ASIAN & WHITE ☐ BLACK/AFRICAN AMERICAN & WHITE ☐ OTHER MULTI-RACIAL				

Part II: Required Confidential Client / Beneficiary Income Certification. Must be completed and signed prior to the provision of services.

1) Number of Family Members & Gross Income:

My total family size consists of _____members, and the total gross annual income* for all adult members is $_____.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aides, per 24 CFR 5.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I am at least 65 years of age or older. I am aware that there are penalties for willfully and knowingly giving false information on an application for federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by City and federal personnel as part of compliance monitoring only.

Client / Beneficiary Signature: _____ Date: _____

Client / Beneficiary Name (print): _____

The City of SAN DIEGO

Public Services (Seniors Only) Attachment D
Community Development Block Grant
Self-Certification Form

[Insert Subrecipient Name]

Fiscal Year 2027 Public Services CDBG Grantee *Information below is to be completed by Program Operator.*

Client / Beneficiary First and Last Name (Printed): _____

Participant/Beneficiary Income and Location Verification

Family is:
☐ 0-30% of median (Extremely Low Income)
☐ 31-50% of median (Very Low Income)
☐ 51%- 80% of median (Low/Moderate Income)
☐ Above 80% of median (Non-Low/Moderate Income)
(Total number of clients in the Non-Low/Moderate Income group cannot exceed 49% of total served.)

Subrecipient Must:

1) Refer to the current City of San Diego CDBG Income limits from https://www.sandiego.gov/cdbg to select the appropriate income category (i.e. Extremely Low Income to Moderate Income)

2) Certify Client Physical Home Address Is: ☐ Within City of San Diego Limits ☐ Beyond City of San Diego Limits

3) Proof of City of San Diego Residency Provided and Copied with Address:
☐ CA Driver License ☐ CA State ID ☐ Bank Statements ☐ Lease Agreement ☐ Utility Bill
☐ Medical Insurance ☐ Vehicle Insurance or Registration ☐ IRS or CA Tax Return ☐ Employment Documents
☐ Other, please list _____

Subrecipient Certification: *I certify that the Client/Beneficiary demographic data provided is true and correct, to the best of my knowledge. I certify that comparison of the stated family size and gross income of the Client / Beneficiary with the current CPD annual income limits for the City of San Diego resulted in the income level indicated above. I certify that the residency of the Participant/Beneficiary is true and correct per the requirements of 24 CFR 570.309.*

Note: This completed certification must be maintained in the Confidential Program file for review at time of monitoring.

Program Staff First and Last Name (printed): _____ **Job Title:** _____

Program Staff Signature: _____ **Date**: _____

Eligibility is valid until (one year after certification signed): _____(list date)

The City of SAN DIEGO

Public Services (Youth) Community Development Block Grant Self-Certification Form

[Insert Subrecipient Name]

Fiscal Year 2027 Public Services CDBG Grantee

Personal information requested below is confidential and will remain internal. We collect information directly from you with your permission as required by those funding our programs. As such, this information is required as it allows us to provide services free of charge and better understand the needs of our clients.

Part I: Required Confidential Student / Youth HUD Demographic Data

Student/Youth Name:		**Youth Birth Month & Year:**		**Client Unique Identifier #:**	
Legal Guardian Name:				**Relationship:**	
Client Physical Address:		**City:**		**State:**	**ZIP:**
Telephone:	( ) —	**Email:**			
Youth Ethnic Background (Required to check one):	☐ Hispanic/Latino ☐ Not Hispanic/Latino	**Gender identity (Optional):**	☐ Female ☐ Male ☐ Non-binary	**Is Client Head of Household?**	☐ Yes ☐ No
Youth Racial Background (Required to check one):	☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander		☐ American Indian/Alaskan Native & White ☐ American Indian/Alaskan Native & Black/African American ☐ Asian & White ☐ Black/African American & White ☐ Other Multi-Racial		

Part II: Required Confidential Student / Youth Income Certification. Must be completed and signed prior to services.

1) Number of Family Members & Gross Income:

Total family size consists of _____ members, and the total gross annual income* for all adult members is $_____.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aides, per 24 CFR 5.403).

I certify that the information given on this form is complete and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for federal funds, which may include immediate repayment of all federal funds received and/or prosecution under the law. I understand that the information on this form is subject to review by City staff and federal personnel as part of compliance monitoring only.

Youth/Student Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

The City of SAN DIEGO

Public Services (Youth) Community Development Block Grant Self-Certification Form

[Insert Subrecipient Name]

Fiscal Year 2027 Public Services CDBG Grantee

Youth / Student First and Last Name (Printed): _____

Legal Guardian to Verify Income and Location Below:

Family Income and Household Size is (check one):

HOUSEHOLD SIZE	EXTREMELY LOW INCOME LIMITS (0-30% OF MEDIAN)	VERY LOW INCOME LIMITS (31-50% OF MEDIAN)	LOW/MODERATE INCOME LIMITS (51-80% OF MEDIAN)	NON-LOW/MODERATE INCOME LIMITS (ABOVE 80% OF MEDIAN)
1	$0 - $36,750 ☐	$36,751 - $61,250 ☐	$61,251 - $97,950 ☐	ABOVE $97,950 ☐
2	$0 - $42,000 ☐	$42,001 - $70,000 ☐	$70,001 - $111,950 ☐	ABOVE $111,950 ☐
3	$0 - $47,250 ☐	$47,251 - $78,750 ☐	$78,751 - $125,950 ☐	ABOVE $125,950 ☐
4	$0 - $52,450 ☐	$52,451 - $87,450 ☐	$87,451 - $139,900 ☐	ABOVE $139,900 ☐
5	$0 - $56,650 ☐	$56,651 - $94,450 ☐	$94,451 - $151,100 ☐	ABOVE $151,100 ☐
6	$0 - $60,850 ☐	$60,851 - $101,450 ☐	$101,451 - $162,300 ☐	ABOVE $162,300 ☐
7	$0 - $65,050 ☐	$65,051 - $108,450 ☐	$108,451 - $173,500 ☐	ABOVE $173,500 ☐
8	$0 - $69,250 ☐	$69,251 - $115,450 ☐	$115,451 - $184,700 ☐	ABOVE $184,700 ☐

Source: U.S. Department of Housing and Urban Development, June 1, 2026.

By signing below, I hereby certify that my family size and income as selected above is correct, that my physical home address is within City of San Diego limits, and that the student or youth to be served by the program resides in the City of San Diego as well.

Legal Guardian First and Last Name Printed: _____

Legal Guardian Signature: _____ Date: _____

Subrecipient Certification: *I certify that the Client / Beneficiary demographic data provided is true and correct, to the best of my knowledge. I certify that comparison of the stated family size and gross income of the Client / Beneficiary with the current CPD annual income limits for the City of San Diego resulted in the income level indicated above. I certify that the residency of the Client/Beneficiary is true and correct per the requirements of 24 CFR 570.309.*

Note: This completed certification must be maintained in the Confidential Program file for review at time of monitoring.

Program Staff First and Last Name (printed): _____ **Job Title:** _____

Program Staff Signature: _____ ____ **Date**: _____

Eligibility is valid until (one year after certification signed): _____(list date)