

List all sources of household's income before taxes.

You must provide copies of proof of income for all household income. Contact the San Diego Healthy Homes Collaborative representative if you are unable to furnish income statements or need assistance with this application.

Resident Name:	Source of income (i.e. wages, SSI, CalWorks)	Third Party	Self Cert	Weekly ? Bi-Weekly? Monthly?	Amount	Annual
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Total Household Annual Income						\$

In some (rare) cases, occupants may be required to temporarily relocate during unit remediation activity. In these cases, the occupants are not considered a "displaced family" and are not eligible for relocation benefits under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. Compensation for temporary relocation purposes will be made in accordance with program policies.

I understand the San Diego Healthy Homes Collaborative (SDHHC) is a collaboration of partner organizations and I agree to allow the information I provide to be used for determining eligibility to receive services for any program administered by the SDHHC partners. After being notified, I understand that the SDHHC may contact the property owner to provide program services that alter the property or furnishings owned by the landlord.

I understand that within six months of completion of intervention services provided, I will be contacted by a SDHHC member for a follow-up review. I understand and I agree to cooperate fully with the SDHHC program members and my landlord (if applicable).

I understand that information acquired by SDHHC through my participation will be used to determine the level of benefits that intervention activities achieve. I understand that my personal information will remain **confidential at all times**, and will never be made publicly available. SDHHC may use the data associated with this project in presentations with all personal information removed.

I certify that the information provided above is true and complete.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Household Classification:		Family Size Circle One	≤ 50 % of Median	≤ 80% of Median
			1	≤ 27,650
≤ 50 % of Median	<input type="checkbox"/>	2	≤ 31,600	≤ 50,550
≤ 80% of Median	<input type="checkbox"/>	3	≤ 35,550	≤ 56,900
		4	≤ 39,500	≤ 63,200
> 80% of Median	<input type="checkbox"/>	5	≤ 42,650	≤ 68,250
		6	≤ 45,800	≤ 73,300
		7	≤ 49,000	≤ 78,350
		8	≤ 52,150	≤ 83,400

* Per HUD FY 2008 Median Income Limits for San Diego Co.

Prepared By: _____ **Date:** _____