

**Form 56  
Income Certification Form  
Categorical Projects**

**SECTION I**

Name of Grantee \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Date \_\_\_\_\_

**TO BENEFICIARY:** The grantee associated with this project has received Federal funds to assist its operations. A condition of receiving the funds is that family income information be collected from each beneficiary. The information you provide will be kept **CONFIDENTIAL**.

**SECTION II**

Please complete the following information in order for the grantee to meet its requirement. The information below is subject to verification by government officials.

<p align="center"><b>(A)</b></p> <p>How many persons are in the applicant's family? <i>(Circle one.)</i></p> <p><b>1</b></p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8+</b></p>	<p align="center"><b>(B)</b></p> <p>Family income levels for _____ County</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p align="center"><b>(C)</b></p> <p>Was the <b>TOTAL</b> family income for the last twelve (12) months <b>ABOVE</b> or <b>BELOW</b> the family size indicated in column A? <i>(Check the appropriate column below)</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">ABOVE</th> <th style="width: 50%;">BELOW</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	ABOVE	BELOW																
ABOVE	BELOW																			

I, \_\_\_\_\_, hereby certify that all the above information is correct and give the above-named organization permission to verify the information on this form.  
*Typed Name of Beneficiary* \_\_\_\_\_  
 \_\_\_\_\_  
*Signature of Beneficiary* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

**SECTION III**

The following information is not required by law, but is needed for statistical purposes.

**Please check the one of the following ethnic categories that applies to you:**  
 \_\_\_ Hispanic or Latino                      \_\_\_ Not Hispanic or Latino

**Please check all of the following categories that apply to you:**  
 \_\_\_ White                      \_\_\_ Asian                      \_\_\_ Black or African American  
 \_\_\_ American Indian or Alaska Native                      \_\_\_ Native Hawaiian or Other Pacific Islander

Please check **all** of the following categories that may apply to you:  
 \_\_\_ Elderly    \_\_\_ Handicapped    \_\_\_ Female Head of Household

**Form 56 - I**  
**Instructions for Completing the**  
**Income Certification Form**

An “**Income Certification Form**” must be completed on each and every person applying for a job that results from the project, funded in whole or part, with ACEDP Economic Development Set-Aside funds. For **all jobs created**, at least 51 percent of all positions must be either filled by or made available to persons who qualify as low or moderate income at the time they are hired by the company. The Grantee or the referring agency must maintain this documentation to verify the low and moderate income status of all persons benefiting from the project funded with ACEDP funds.

**SECTION I**

**Identifying Information:** Complete all blanks identifying the business and applicant as requested.

**SECTION II**

**Column A:** How many persons are in the applicant’s family? Circle the appropriate number based on the response of the applicant.

**Column B:** List the income limits by family size, which are provided in the grant agreement, in the appropriate lines of this column.

**Column C:** Check either the **above** or **below** box in this column based in the response of the applicant.

In the certifying statement, type the name and Social Security number of the applicant in the spaces provided. Have the applicant sign the form.

**SECTION III**

The demographic information listed in this section is information requested by HUD. Check all the spaces that apply based on applicant responses.