OFFICE OF JOBS AND COMMUNITY SERVICES
***A Division of* BOSTON REDEVELOPMENT AUTHORITY**

BENEFICIARY INCOME VERIFICATION FORM
CDBG FY2010

DATE	LAST NAME	FIRST NAME	MI	GENDER ☐ FEMALE ☐ MALE
STREET ADDRESS		CITY BOSTON		ZIP CODE
TELEPHONE NUMBER		D. O.B		I.D . NUMBER

NEIGHBORHOODS
(*Check area you live in*)

☐ ALLSTON/BRIGHTON	☐ FENWAY	☐ ROSLINDALE
☐ CHARLESTOWN	☐ HYDE PARK	☐ ROXBURY
☐ BACK BAY	☐ JAMAICA PLAIN	☐ SOUTH BOSTON
☐ CHINATOWN	☐ MATTAPAN	☐ SOUTH DORCHESTER
☐ DOWTOWN	☐ NORTH DORCHESTER	☐ SOUTH END
☐ EAST BOSTON	☐ NORTH END	☐ WEST ROXBURY

RACE/ETHNICITY/ MULTI-RACE

☐ WHITE (Non-Latino)	☐ AFRICAN AMER & WHITE
☐ BLACK (Non- Latino)	☐ ASIAN & WHITE
☐ HISPANIC	☐ AMER. INDIAN & WHITE
☐ AMER. INDIAN/ALASK. NATIVE	☐ AMER. INDIAN/ALASKAN & WHITE
☐ ASIAN	☐ AMER. INDIAN/ALASKAN & BLACK
☐ HAITIAN	
☐ CAPE VERDEAN	
☐ HAWAIIAN/PACIFIC ISLANDER	☐ OTHER:

PARTICIPANT CHARACTERISTICS
(*Check off all that apply*)

- ☐ TAFDC RECIPIENT
- ☐ VETERAN STATUS
- ☐ DISABLED
- ☐ REFUGEE/ENTRANT
- ☐ FEMALE-HEADED HOUSEHOLD
- ☐ BHA RESIDENT

INSTRUCTIONS for determining income level:
First, determine household size number in the first column. Then, select one of the three income options going across on the same line.

Household Size (*Including You*)	Very Low Income	Low-Income	Low-Moderate Income
☐ 1. Person	☐ Up to - $18,950	☐ Up to - $31,550	☐ Up to - $46,300
☐ 2. Persons	☐ Up to - $21,650	☐ Up to - $36,100	☐ Up to - $52,950
☐ 3. Persons	☐ Up to - $24,350	☐ Up to - $40,600	☐ Up to - $59,550
☐ 4. Persons	☐ Up to - $27,050	☐ Up to - $45,100	☐ Up to - $66,150
☐ 5. Persons	☐ Up to - $29,200	☐ Up to - $48,700	☐ Up to - $71,450
☐ 6. Persons	☐ Up to - $31,400	☐ Up to - $52,300	☐ Up to - $76,750
☐ 7. Persons	☐ Up to - $33,550	☐ Up to - $55,900	☐ Up to - $82,050
☐ 8. Persons or more	☐ Up to - $35,700	☐ Up to - $59,550	☐ Up to - $87,350

☐ AFDC	☐ BPS FREE LUNCH PROGRAM	☐ UNEMPLOYMENT INS.
☐ SSI/SSDI	☐ CHILD SUPPORT	☐ EMPLOYMENT
☐ FOOD STAMP	☐ ALIMONY	☐ PUBLIC HOUSING_____ (name of development)
☐ REFUGEE ASSISTANCE	☐ GENERAL ASSISTANCE	☐ OTHER: _____

I hereby confirm that the information that I have provided on this form is true and accurate to the best of my knowledge.

APPLICANT'S SIGNATURE:	DATE:
PARENT/GUARDIAN SIGNATURE (IF APPLICABLE):	DATE:
PROGRAM INTERVIEWER SIGNATURE:	DATE: