



# CITY OF BOULDER

## ASSET MANAGEMENT

Shelly Conley, Acting Asset Manager  
303-441-3231 work

## DIVISION OF HOUSING

### COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) INCOME VERIFICATION FORM

#### BENEFICIARY INFORMATION

Household Name: _____
Address: _____ City: _____ CO. Zip Code: _____

#### ETHNICITY

Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>
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#### RACE

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	

#### FAMILY INFORMATION

Family Defined: all persons living in the same household who are related by birth, adoption, marriage or domestic partnership.
<input type="checkbox"/> Single Female Headed Family <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Two Parent Family
# of persons in family: _____ Total annual combined household income: _____

#### INCOME CERTIFICATION

<input type="checkbox"/> Unemployment <input type="checkbox"/> Housing Subsidy <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Tax Return <input type="checkbox"/> Pay Stub
<input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Other

#### Notes:

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Monitor Name/Title: \_\_\_\_\_

Monitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_