Name of Head of Household: $\qquad$ Number of Adults: $\qquad$
$\square$ Initial Evaluation

## I. HOUSEHOLD COMPOSITION:

All household members that plan to reside in the same domicile as the head of household must complete and sign this form. Household members under 18 are not required to sign this form.

|  | First Name | Last Name | Age | Head of Household | Relationship to Head of Household | Currently residing with Household? |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. |  |  |  | - Yes $\square_{\text {No }}$ |  | - Yes - No |
| 2. |  |  |  | - Yes - No |  | - Yes - No |
| 3. |  |  |  | - Yes - No |  | $\square \mathrm{Yes}$ - No |
| 4. |  |  |  | - Yes - No |  | - Yes - No |
| 5. |  |  |  | - Yes $\square_{\text {No }}$ |  | $\square \mathrm{Yes}$ - No |
| 6. |  |  |  | - Yes - No |  | $\square \mathrm{Yes}$ - No |
| 7. |  |  |  | - Yes $\square_{\text {No }}$ |  | - Yes - No |
| 8. |  |  |  | - Yes $\square^{\text {No }}$ |  | - Yes $\square^{\text {No }}$ |
| 9. |  |  |  | - Yes - No |  | - Yes - No |
| 10. |  |  |  | - Yes - No |  | - Yes - No |

II. INCOME: All household members listed above must report income receiving. See reference below on how to document annual gross income.
a) Household Member(s): household member(s) over the age of 18 with income; b) Source of Income: See examples of income below; c) Gross Documented Income Per Pay Period: Income is the total amount of money earned before taxes or other deductions; d) Frequency of Income: Weekly, Every other week, twice a month, and monthly; e) Number of Payment Per Year: Weekly=52 payments; Every other week=26 payments; Twice a month= 24 payments; Monthly=12 payments; f) Annual Gross Income: Annual Gross Income amount multiplied by \# of payments per year ( c e $=\mathrm{f}$ )

| - No Income <br> - Earned Income (Adult members only) <br> - General Relief (GR) <br> - Calworks/ TANF/ CAPI | - Social Security Disability (S <br> - Social Security Retirement <br> - Pension/Retirement Income <br> - Worker's Compensation | /SSDI) • State Disability <br> - Private Disability <br> - Unemployment <br> - Self-employme |  - Chime <br> surance - Alim <br> surance - VA <br>  - VA | upport <br> vice Connected Disa -Service Connected | Income from Assets Interest \& Dividend Income ility Compensation Disability Pension |
| :---: | :---: | :---: | :---: | :---: | :---: |
| a. | b. | c. | d. | e. | f. |
| Name of Household Member(s) | Source of Income | Gross Documented Income Per Pay Period | Frequency of Income | Number of Payments Per Year | Annual Gross Income |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
| Total Annual Gross Household Income from all Sources |  |  |  |  | \$ |

FY 2018 Income Limits Summary: Los Angeles County, CA
Income Limits Summary for each fiscal year are found on United States Department of Housing and Urban Development's (HUD) website at: https://www.huduser.gov/portal/datasets/ili/il2018/2018summary.odn

| AREAM MEDIAN INCOME (AMI) | HOUSEHOLD SIZE |  |  |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\mathbf{1}$ | $\mathbf{2}$ | $\mathbf{3}$ | $\mathbf{4}$ | $\mathbf{5}$ | $\mathbf{6}$ | $\mathbf{7}$ | $\mathbf{8}$ |  |
| 0-30\% Income Limits <br> Annual Household Income | $\$ 20,350$ | $\$ 23,250$ | $\$ 26,150$ | $\$ 29,050$ | $\$ 31,400$ | $\$ 33,740$ | $\$ 38,060$ | $\$ 42,380$ |  |
| $31 \%-50 \%$ Income Limits <br> Annual Household Income | $\$ 33,950$ | $\$ 38,800$ | $\$ 43,650$ | $\$ 48,450$ | $\$ 52,350$ | $\$ 56,250$ | $\$ 60,100$ | $\$ 64,000$ |  |
| 51\%-80\% Income Limits <br> Annual Household Income | $\$ 54,250$ | $\$ 62,000$ | $\$ 69,750$ | $\$ 77,500$ | $\$ 83,700$ | $\$ 89,900$ | $\$ 96,100$ | $\$ 102,300$ |  |



## IV. SIGNATURES

I certify, under penalty of perjury, that I currently receive the income stated in this form.

## Head of Household

Other Family Member over age 18

Other Family Member over age 18

Other Family Member over age 18

## Other Family Member over age 18

Other Family Member over age 18

Head of Household Signature

Signature

Signature

Signature

Signature

Signature

## Date

## Date

Date

Date

Date

Date

## V. STAFF CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented in this form is true, accurate and complete.

## Staff Name

Staff Signature

## Staff Title

Date Completed

