

## HOUSEHOLD COMPOSITION & INCOME ELIGIBILITY FORM



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## 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/il/il2018/2018summary.odn>

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

### III. PROGRAM ELIGIBILITY:

Complete the below questions based on the reported household size and annual household income

Household Size:           

Annual Household Income: \$                           

- Does the household fall below 30% of the AMI? ☐ Yes ☐ No
- Does the household fall below 50% of the AMI? ☐ Yes ☐ No
- Does the household fall below 80% of the AMI? ☐ Yes ☐ No *\* if choosing this option please reference program eligibility.*
- Does the household met the income requirements for the program? ☐ Yes ☐ No
- All income documents been verified and documented? ☐ Yes ☐ No

### IV. SIGNATURES

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

_____ Head of Household	_____ Head of Household Signature	_____ Date
_____ Other Family Member over age 18	_____ Signature	_____ Date
_____ Other Family Member over age 18	_____ Signature	_____ Date
_____ Other Family Member over age 18	_____ Signature	_____ Date
_____ Other Family Member over age 18	_____ Signature	_____ Date
_____ Other Family Member over age 18	_____ Signature	_____ 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 Title
_____ Staff Signature	_____ Date Completed