

Name of Head of Household:

HOUSEHOLD COMPOSITION & INCOME ELIGIBILITY FORM

HMIS ID: _____

Hous	sehold Size:	Number of Adu	lts:	Nu	mber of Minors	:			
□lı	nitial Evaluation	Recertification	☐ Annual			Date Complet	ted:		
All ho	DUSEHOLD COMPOSITION DUSEHOLD MEMBERS that play USERS UNDER 18 are not required.	an to reside in the same	e domicile as the h	ead o	f household mus	st complete and	sign th	nis form. Household	
	First Name	Last	Name A	Age	Head of Household	Relationship of House		ad Currently residing with Household?	
1.					□ Yes □ No			□ Yes □ No	
2.					□ Yes □ No			☐ Yes ☐ No	
3.					□ Yes □ No			□ Yes □ No	
4.					□ Yes □ No			□ Yes □ No	
5.					□ Yes □ No			□ Yes □ No	
6.					□ Yes □ No			☐ Yes ☐ No	
7.					□ Yes □ No			□ Yes □ No	
8.					□ Yes □ No			☐ Yes ☐ No	
9.					□ Yes □ No			□ Yes □ No	
10.					□ Yes □ No			□ Yes □ No	
a) Hor Incom month f) Anr • No I • Earr • Gen	s income. usehold Member(s): household ne Per Pay Period: Income is the n, and monthly; e) Number of Period Gross Income: Annual Gross Income ned Income (Adult members only) neral Relief (GR) NORKs/ TANF/ CAPI	ne total amount of money ea 'ayment Per Year: Weekly=	rned before taxes or ot 52 payments; Every ot d by # of payments per SSI/SSDI) State Dis Private I	ther decher we r year (sability l Disability byment	ductions; d) Freque ek=26 payments; To c x e = f) Income y Insurance Insurance	ncy of Income: W	eekly, E cayment:	very other week, twice a s; Monthly=12 payments; Income from Assets Interest & Dividend Income lity Compensation	
	a.	b.	C.		d.	e.		f.	
Name of Household Member(s)		Source of Income	Gross Documer Income Per Pa Period	r Pay Frequer		Pavmenie		Annual Gross Income	
								_	
		·						\$	
								\$	
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HOUSEHOLD COMPOSITION & INCOME ELIGIBILITY FORM

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							
AREAM MEDIAN INCOME (AMI)	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: \$						
1. Does the household fall below 30% of the AMI?	Yes □ No						
2. Does the household fall below 50% of the AMI?	Yes □ No						
3. Does the household fall below 80% of the AMI? \square Yes \square No * <i>if choosing this option please reference program eligibility.</i>							
4. Does the household met the income requirement	4. Does the household met the income requirements for the program? ☐ Yes ☐ No						
5. All income documents been verified and docum	ented?						
IV. SIGNATURES							
I certify, under penalty of perjury, that I current	tly 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 tr	ue, accurate and complete.					
Staff Name	Staff Title						
Staff Signature	Date Completed						