

Lakeville LOOP Self Certification Form 2017

Dakota County CDBG Program

LOOP Applicants ages 61 and under must complete this section:

Information on annual family income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then CHECK THE BOX that contains the amount of annual family income.

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your Family Size:

- Household of 1: [] \$0 - \$31,650 [] \$31,651 - \$47,600
Household of 2: [] \$0 - \$36,200 [] \$36,201 - \$54,400
Household of 3: [] \$0 - \$40,700 [] \$40,701 - \$61,200
Household of 4: [] \$0 - \$45,200 [] \$45,201 - \$68,000

Please calculate your total assets, including (a) checking, savings and other account balances; (b) tax assessed value of real estate owned other than your home; (c) cash value/equity of any Life Insurance Policy; and (d) any other assets.

NOTE: a percentage of assets will be calculated by staff as part of income (example: \$100,000 assets x 2.0% = \$2,000).

Total Assets = \$ _____

NOTICE: The application period is for the annual calendar year. Any change in income that would cause the applicant to exceed the income eligible limits set forth by HUD will cause the applicant to no longer be eligible for this program unless the applicant's income level changes and meets the income eligible limits set by HUD. A new application form must be completed each calendar year in order to verify that the applicant meets the current income eligible limits set by HUD.

DARTS operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964.

ACKNOWLEDGEMENT OF CORRECT INFORMATION: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, the Dakota County CDA, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. If information given is found to be incorrect, this financial support may be revoked. WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Participant or Beneficiary Name (Please Print)

Signature

Date

FOR OFFICE USE ONLY

Date and initials of staff person receiving application: _____ Request is: _____ Approved _____ Denied

Added to Spreadsheet: _____

Signature of Parks and Recreation Director or Designee

Date