CITY OF KENNER
DEPARTMENT OF COMMUNITY DEVELOPMENT

INCOME VERIFICATION ATTACHMENT
_____ SUBRECIPIENT

Section 1 – Applicant Information

Name: _____
Last *First* *Middle* *Initial*
Current Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
E-mail _____ Gender: ❑ Male ❑ Female
Marital Status: ❑ Single ❑ Married ❑ Widowed ❑ Divorced
Are you a: ❑ U.S. Citizen ❑ Permanent Resident ❑ Alien: Alien number A: _____

Section 2 – Household Members

NAME	RELATIONSHIP	AGE	HOUSEHOLD RACE	HOUSEHOLD TYPE	MONTHLY INCOME	HISPANIC Y/N
Ex. John Smith	**SELF**	**81**	**13**	**2**	**$658.00**	**N**

Household Type
1-Single, non-elderly
2-Elderly
3-Single Parent
4-Two parents
5-Other

Household Race
11-White
12-Black or African American
13-Asian
14-American Indian or Alaska Native
15-Native Hawaiian or Alaska Native & White
16-American Indian or Alaska Native & White
17-Asian & White
18-Black or African American & White
19-American Indian or Alaska Native & Black or African American
20-Other Multi Racial

Penalty for fraud: State and federal laws provide penalties including fine, imprisonment or both for persons found guilty of obtaining assistance in this program for which they are not eligible for making false statements. If evidence indicates that an individual has willfully violated the law, they will be investigated and subject to possible prosecution. I authorize City of Kenner and/or the above-referenced Subrecipient to verify any information 1 have given to obtain required verification to qualify for this program.

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

TOTAL Number of
Household Members: ____ Income Earning Individuals: _____ Yearly Household Income Reported:___

INCOME VERIFICATION SOURCE: ❑ current paycheck stub(s) ❑ SSD/SSI ❑ Workers Comp
❑ Pension ❑ TANF ❑ Other: _____

FY 2021 MAXIMUM INCOME LIMIT
PERSONS IN FAMILY

1	2	3	4	5	6	7	8
39300	44900	50500	56100	60600	65100	69600	74100

Based on Income Limit Chart issued by HUD, I certify that the above named applicant(s) is
(_)eligible (_)ineligible
to participate in the program sponsored by the City of Kenner Department of Community Development and the above-referenced Subrecipient.

AGENCY REPRESENTATIVE SIGNATURE: _____ DATE: _____