# PUBLIC SERVICE NOT A PRESUMED BENEFIT

Total GROSS **family** annual income not to exceed 60% of AMI.

## 2025 INCOME LIMITS

| | | 1 PERSON | 2 PERSON | 3 PERSON | 4 PERSON | 5 PERSON | 6 PERSON | 7 PERSON | 8 PERSON |
|---|---|---|---|---|---|---|---|---|---|
| EXTREMELY LOW-INCOME | (30% AMI) | $22,200 | $25,400 | $28,550 | $31,700 | $34,250 | $36,800 | $39,350 | $41,850 |
| VERY LOW-INCOME | (50% AMI) | $37,000 | $42,250 | $47,550 | $52,800 | $57,050 | $61,250 | $65,550 | $69,700 |
| PROJECT SPECIFIC | (60% AMI) | $44,400 | $50,700 | $57,060 | $63,360 | $68,460 | $73,500 | $78,600 | $83,640 |

# FAMILY DEFINITION

All persons living in the same household who are related by birth, marriage, or adoption.

A child who is subject to a shared-custody agreement in which the child resides with the household at least fifty-one percent (51%) of the time can be counted in the family size. For a child who is subject to a shared-custody agreement in which the child resides with each family / household fifty percent (50%) of the time, determination of inclusion will be based on eligibility as a dependent for income tax purposes.

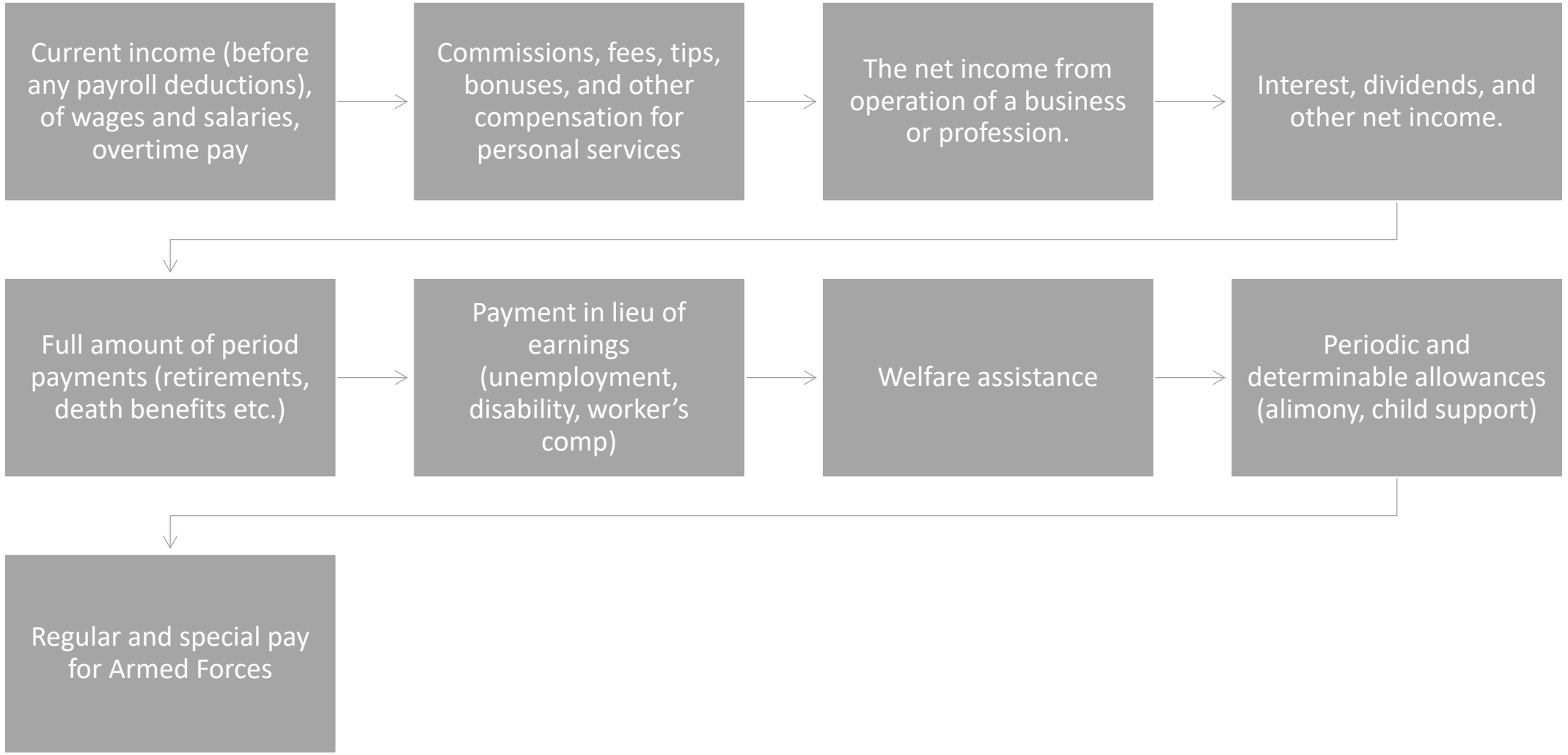
Annual income requirements are based on 24 CFR PART 5.

- All income earned by all adults (18+) within the household (even if temporarily absent).

- Unearned income attributed to a minor under the age of 18 (e.g., child support, TANF payments, SSI payment, and other benefits paid on behalf of a minor).

- All earned and unearned income anticipated to be received during the next 12 months.

# Income to Include:



# Income to exclude:

- Income from employment of children under 18 years old (including foster care)
- Lump sum to assets such as inheritance, insure payments
- Amounts received specifically for medical costs for any family member
- Income of a live-in aide
- Student financial aid
- Special pay to a family member in Armed Forces who is exposed to hostile fire
- Amount received by other publicly funded program specifically for reimbursement of out-of-pocket expenses
- Incremental earnings resulting from participating in qualifying state or local employment training program
- Earnings in excess of $480.00 per month for each full-time student 18 years and older
- Adoption assistance in excess of $480.00 per month per adopted child
- Income recently terminated that is not anticipated to be received again during the next 12 months

For specific circumstances refer to the guide and/or call me

# DOCUMENTATION OF INCOME

- Current employment paystubs (2 months) showing payment period and year to date gross earnings.
- Verification of employment signed and dated by the employer showing gross total earnings and paid through date.
- Most current year income tax return with W2s, 1099s, etc.
- Current profit / loss statement, if self-employed.
- Benefit award letters.
- Two months of bank statements.
- Unemployment or disability benefit statement.
- Court orders or decrees.
- Verification of full-time student status, if aged 18 or older.

# Annualizing Wages and Periodic Payments

- Review two (2) months current source documentation and the most recent income tax return with supporting W2's, 1099's, etc. (self-employment may need to take an average of 3 years).
- Add the documented gross amount earned from the two most current source documents.
- Use the following calculations to convert the average wage into annual income:
    - **Hourly wage** – multiply the hourly wage by the number of hours worked per week multiplied by 52
    - **Weekly wage** – multiply the weekly wage by 52
    - **Bi-weekly wage (every other week)** – multiply the bi-weekly wage by 26
    - **Semi-monthly wage (twice a month)** – multiply the semi-monthly wage by 24
    - **Monthly wage** – multiply the monthly wage by 12

## PERIODIC EMPLOYMENT

- To annualize other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work.

## PUBLIC ASSISTANCE

- For public assistance benefits (e.g., SSI, food stamps), a benefits statement received any time within the twelve months prior to the time of application and reflecting current benefits received by an applicant is allowed. A copy of a recent bank statement indicating direct deposit of benefit(s) is also acceptable.

## ZERO INCOME

- If there is an adult member listed on the application form who does not receive any income, the *Certification of Zero Income* form needs to be completed.

# Calculation to Determine Eligibility

To determine eligibility, review the income limits table on the Public Service Participation and Income form with the family size. Is the family income for the household size sixty percent(60%) or less than the Area Median Income?

If so, the family/individual will qualify for the program based on income.

GUIDE:
https://www.richlandwa.gov/home/showdocument?id=16950&isPublished=False&t=638847306497130000

# Worksheet to include with Quarterly Report

## Public Service Participation and Income Worksheet

Name of Participant _____

Address _____

Head of Household _____ Female Head of Household *Yes / No*

Number of People in Family _____ Household type *1-Single, Non-Elderly 2-Elderly 3-Single Parent 4-Two Parents 5-Other*

| | *Person 1* | *Person 2* | *Person 3* | *Person 4* | *Person 5* |
|---|---|---|---|---|---|
| **Wages / Salary*** *(before payroll deductions)* | | | | | |
| **Net Income** *(from operation of a business)* | | | | | |
| **Interest / Dividends** | | | | | |
| **Social Security** | | | | | |
| **Retirement Funds** | | | | | |
| **Pensions** | | | | | |
| **Disability or Death Benefits** | | | | | |
| **Annuities** | | | | | |
| **Insurance Policies** | | | | | |
| **TOTAL** *(Add all items above)* | | | | | |

**Includes overtime, commissions, fees, tips, and bonuses.*

Total Gross Income *(of everyone over 18)* _____

**2024 INCOME LIMITS**
**CDBG - May 1, 2024 / HOME - June 1, 2024**

| | | 1 PERSON | 2 PERSON | 3 PERSON | 4 PERSON | 5 PERSON | 6 PERSON | 7 PERSON |
|---|---|---|---|---|---|---|---|---|
| EXTREMELY LOW-INCOME | (30% AMI) | $21,000 | $24,000 | $27,000 | $29,950 | $32,350 | $34,750 | $37,150 |
| VERY LOW-INCOME | (50% AMI) | $35,000 | $40,000 | $45,000 | $49,950 | $53,950 | $57,950 | $61,950 |
| PROJECT SPECIFIC | (60% AMI) | $42,000 | $48,000 | $54,000 | $59,940 | $64,740 | $69,540 | $74,340 |
| LOW-INCOME | (80% AMI) | $55,950 | $63,950 | $71,950 | $79,900 | $86,300 | $92,700 | $99,100 |

* Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9 person is 140% of 4-person AMI).

Percentage Area Median Income _____ *30% 50% 60% 80%*

***Use your household gross income and the table above to determine Percentage Area Median Income.***

*By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge. I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055. I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.*

_____ _____
Client Signature Date

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## Public Service Participation and Income Worksheet

| | Person 1 | Person 2 | Person 3 | Person 4 |
|---|---|---|---|---|
| First Name | | | | |
| Last Name | | | | |
| Age | | | | |
| Senior (62+) | | | | |
| Disabled | | | | |
| Race | | | | |
| *White* | | | | |
| *Black / African American* | | | | |
| *Asian* | | | | |
| *American Indian / Alaskan Native* | | | | |
| *Native Hawaiian / Other Pacific Islander* | | | | |
| *American Indian / Alaskan Native **AND** White* | | | | |
| *Asian **AND** White* | | | | |
| *Black / African American **AND** White* | | | | |
| *American Indian / Alaskan Native **AND** Black / African American* | | | | |
| *Other multi-racial (list):* | | | | |
| Ethnicity | | | | |
| *Hispanic* | | | | |
| *Not Hispanic* | | | | |

*By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge.*
*I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055.*
*I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.*

Client Signature

Date

# Zero Income Certification

## Certification of Zero Income

**This form is to be completed by a household member aged 18 or older who claims no income from any source.**

**Name:** _____

**I hereby certify that:**

**(1) I do not receive income from any of the following sources:**

a) Wages from employment (including commissions, tips, or bonuses)
b) Alimony, child support, or maintenance
c) Income from operation of a business or farm
d) Rental income from real estate or personal property
e) Interest or dividends from financial assets
f) Social Security payments or pension payments, including death benefits
g) Payments from annuities, insurance policies, or retirement funds
h) Unemployment, disability, workman's compensation, or severance payments
i) Public assistance payments (excluding SNAP)
j) Recurring gifts from organizations or persons outside my household
k) Alaska PFD, other State, Native American Tribal, or Native Alaskan Village Corporation distributions or dividends

**(2) Choose all that apply:**

☐ There is no change expected in my income or employment status during the next 12 months*.

☐ I am looking for employment. I have been unemployed since_____.

☐ I am currently a student or in an unpaid apprentice program and not receiving income.

**(3) The information provided above is true, complete and accurate.** I understand that providing false representations herein may constitute an act of fraud. I acknowledge information provided is being used for specific purpose of determining my household is eligible to receive the benefit of CDBG products. I will fully cooperate with the Program Administrator and Member to obtain or provide any necessary documents to confirm the information provided.

_____ _____

**Signature** **Date**

**If a person is expecting a change in their income or employment status during the next 12 months, income from those sources should be verified and included in calculation of income. For example, if the person has an offer of employment, or is on temporary leave of absence or laid off from their employer, income from those sources should be included in income calculation.*