



INCOME CERTIFICATION FORM

Blue Acres - CDBG-DR program

APPLICANT NAME: _____ PROGRAM ID: _____

DAMAGED PROPERTY ADDRESS: _____

HOUSEHOLD MEMBERS: List all household members and provide the requested information which is supported by your **most recent** Federal Tax Return. "Household" is defined as all persons living in the same dwelling unit, regardless of relationship.

The number of people presently in my household who are 18 years of age or older:

The number of people presently in my household who are younger than 18 years of age:

Total household members:

List the ANNUAL INCOME of all adult household members. "Adult" is defined as any household member 18 years or older.

Household Member Name	Income Source #1		Income Source #2		Income Source #3		TOTAL
	Type (such as name of employer, SS/SSI, Retirement, Unemployment)	Amount	Type	Amount	Type	Amount	Amount
TOTAL							

If a household member has additional sources of income, please make a copy of this page, and fill out for additional sources.

Income reported is from the tax year: _____

HEAD OF HOUSEHOLD MUST SIGN:

I certify that this information regarding my household income is complete and accurate. I agree to provide to the State of New Jersey or its designated contractor additional information and documentation on all income sources upon request.

We authorize the State of New Jersey and its designated contractors to verify the reported income information with third party sources.

Signature of Head of Household

Printed Name

Date

WARNING: The information provided on this form is subject to verification by the State of New Jersey and the Department of Housing and Urban Development (HUD) at any time. Title 18, Section 1001 of the U.S. Code states that knowingly and willingly making a false or fraudulent statement to a department of the United States Government can result in termination of assistance and civil and criminal penalties.