

GA DCA Family/Household Size and Income Certification
HOPWA, S+C AND OTHER MCKINNEY PROGRAMS

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

LIST THE HEAD OF FAMILY AND ALL OTHER PERSONS LIVING IN THE UNIT WHO ARE A PART OF THAT FAMILY. USE ADDITIONAL SHEETS TO SHOW ADDITIONAL FAMILY MEMBERS OR ADDITIONAL FAMILIES WITHIN THE HOUSEHOLD. REMEMBER - ELIGIBILITY IS BASED ON "FAMILY INCOME." LEVELS OF ASSISTANCE ARE BASED ON "HOUSEHOLD INCOME." FOR S+C EACH "FAMILY" MUST BE "VERY LOW-INCOME." FOR HOPWA, EACH "FAMILY" MUST BE "LOW INCOME."

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.

INCOME INFORMATION FOR EACH "FAMILY" – REFER TO HOPWA & S+C REGS FOR DEFINITIONS. USE ADDITIONAL SHEETS, IF NECESSARY, TO SHOW INCOME FROM ADDITIONAL FAMILY MEMBERS OR INCOME FROM ADDITIONAL FAMILIES WITHIN THE SAME HOUSEHOLD. SHOW TOTAL VERIFIED, PROJECTED 12 MO. INCOME OF ALL FAMILY MEMBERS FROM ALL SOURCES. INCLUDE WAGES, SALARIES AND TIPS; OTHER INCOME SUCH AS FOOD STAMPS, ALIMONY, CHILD SUPPORT; SOCIAL SECURITY, AFDC AND OTHER BENEFITS.

MEMBER'S FULL NAME	SOURCE OF INCOME	PAYMENT BASIS (WEEKLY, MONTHLY, ETC.)	VERIFIED ANNUAL AMOUNT (ATTACH DOCUMENTATION)
TOTAL FAMILY INCOME:	EXCLUDED AMOUNTS FROM 4B OF CPD NOTICE 96-03:	FAMILY INCOME FOR ELIGIBILITY DETERMINATION:	HOUSEHOLD INCOME:

CERTIFICATION: I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE IF I/WE ARE ELIGIBLE TO RECEIVE ASSISTANCE AND TO DETERMINE ASSISTANCE AMOUNTS. ANY CHANGES TO THIS INFORMATION WILL BE REPORTED TO THE AGENCY IN WRITING WITHIN 10 DAYS OF CHANGE. I/WE AUTHORIZE THE [PROGRAM ADMINISTRATOR] TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

HEAD OF HOUSEHOLD SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
Agency Use Only – Verification of Eligibility For S+C - Meets <input type="checkbox"/> "Very Low Income" <input type="checkbox"/> homeless from street or shelter and <input type="checkbox"/> adult with verified disability? Attach documentation! For HOPWA - Meets <input type="checkbox"/> "Low Income," and <input type="checkbox"/> AIDS or Related Diseases eligibility? Attach documentation! Determination Made By: _____ Date: _____			