



**BUS VOUCHER PROGRAM  
COMMUNITY DEVELOPMENT BLOCK GRANT  
SELF-DECLARATION OF ELIGIBILITY**

To ensure that the program benefits households who meet the CDBG Program eligibility requirements, please take a moment to complete the form below. This information is confidential and will only be used for the purpose of determining your family's eligibility for the program.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Street/City/State/Zip

**Step 1:** Check the number of persons in your household

**Step 2:** Check the income range to the right of the checked household size that describes your household's annual gross income. \*

	<b>30% Extremely Low</b>	<b>50% Very Low</b>	<b>80% Low</b>
<b>1 Person</b>	\$19,900 or less	\$19,901 - \$33,100	\$33,101 - \$52,950
<b>2 Persons</b>	\$22,750 or less	\$22,751 - \$37,800	\$37,801 - \$60,500
<b>3 Persons</b>	\$25,820 or less	\$25,821 - \$42,550	\$42,551 - \$68,050
<b>4 Persons</b>	\$31,200 or less	\$31,201 - \$47,300	\$47,301 - \$75,600
<b>5 Persons</b>	\$36,580 or less	\$36,581 - \$51,050	\$51,051 - \$81,650
<b>6 Persons</b>	\$41,960 or less	\$41,961 - \$54,850	\$54,851 - \$87,700
<b>7 Persons</b>	\$47,340 or less	\$47,341 - \$58,650	\$58,651 - \$93,750
<b>8 Persons</b>	\$52,720 or less	\$52,721 - \$62,450	\$62,451 - \$99,800

**HUD Income Limits effective 04/01/2024**

\*NOTE: Your household's annual gross income is the total of ALL income received by ALL persons living in your home including employment, social security, SSI, SSD, unemployment, WAGES, child support, alimony, retirement, investment income, etc.

The following information is for reporting purposes only:

Are you a female head of household?  Yes  No  
Are you Hispanic or Latino?  Yes  No

**Please indicate your race/ethnic group (Check only one):**

- |                                                                 |                                                                                  |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Asian & White                                           |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Black/African American & White                          |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Other                                                   |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |                                                                                  |
| <input type="checkbox"/> American Indian/Alaskan Native & White |                                                                                  |

I understand that under U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading information given by me can result in a fine and/or imprisonment if found guilty.

\_\_\_\_\_  
**Adult's Signature**

\_\_\_\_\_  
**Date**