

**BALTIMORE COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
SELF-CERTIFICATION FORM**

**HOMEOWNERSHIP WORKSHOP
Revised 6/7/19**

Date: _____

Counseling Organization: Check One

_____ Diversified Housing Development _____ Eastside Community Development Corp.
_____ Harbel Housing Partnership _____ Belair-Edison Neighborhoods Inc.
_____ St. Ambrose Housing Aid Center

Referred By: _____ Housing Agency _____ Baltimore County _____ Realtor _____ Lender _____ Other

Print Your Name: _____ Age: _____

Current Address _____

City _____ State _____ Zip code _____

Home Phone: _____ Email Address: _____

In what area are you hoping to buy? _____ County _____

- | | | | | |
|--|--------|---------|----------|-------|
| 1. Current Housing Arrangement: (Circle One) | Rent | Own | Other | |
| 2. Are you a First Time Homebuyer? (Circle One) | YES | NO | | |
| 3. Marital Status: (Circle One) | Single | Married | Divorced | Widow |
| 4. Are you a resident of Baltimore County? | YES | NO | | |
| 5. Are you employed in Baltimore County? | YES | NO | | |
| 6. Do you attend school in Baltimore County? | YES | NO | | |
| 7. Do you agree to purchase in Baltimore County? | YES | NO | | |
| 8. Does your household have limited English proficiency? | YES | NO | | |
| 9. Does your household live in a rural area? | YES | NO | | |
| 10. Female Head of Household | YES | NO | | |

Information on annual household income, race and ethnicity is required to determine participant eligibility for services funded by Baltimore County through the Community Development Block Grant (CDBG) Program. Each participant is required to provide information regarding the number of person in their family and the household's annual income. Information provided is subject to verification by Baltimore County and the U.S. Department of Housing and Urban Development (HUD).

NOTE: "Income" is the total annual income of all family members as of the date of application. All income for all persons in the family **must** be included in calculating family income whether or not a family member receives assistance. Additional expected sources of income and the amount expected during the period of assistance must be included in the calculation of annual family income

INSTRUCTIONS:

- 1) **Circle the number of persons** in your household (adults and children).
- 2) Stay in that same column for your household size and look down the column at the three household income limits.
- 3) **Circle the income limit** that is closest to your household income, but is NOT LESS THAN your household income. Remember household income includes the monies earned and/or benefits received by all household members.
- 4) **Check the appropriate** Ethnicity and Race
- 5) **Sign and date** the bottom to certify your household size and household income.

FY 2019 CDBG INCOME LIMITS									
BALTIMORE COUNTY MEDIAN AREA INCOME	FY 2019 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	Extremely Low(0-30% of Median) Income Limits	21,250	24,250	27,300`	30,300	32,750	35,150	37,600	40,000
	Very Low (31-50%) Income Limits	35,350	40,400	45,450	50,500	54,550	58,600	62,650	66,700
	Low (51-80%) Income Limits	52,850	60,400	67,950	75,500	81,550	87,600	93,650	99,700
	No Information provided for (81-120%)	84,850	96,950	109,100	121,200	130,900	140,600	150,300	160,000

Please check your Ethnicity (pick 1 of 2):

Hispanic or Non-Hispanic

Please check your Race (pick 1 of 10 choices):

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

APPLICANT STATEMENT: I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an applicant for Federal, State or County funds, which may include immediate repayment of all Federal, State or County funds received and /or prosecution under the law. I understand that the information on this form is subject to verification by County, State or Federal personnel as part of compliance monitoring. I agree to provide, upon request, documentation on all income sources.

Applicant Name (Please Print): _____ **Gender:** Male Female

Address: _____ **County:** _____ **Zip:** _____

Applicant Signature: _____ **Date:** _____

FFY2019 CDBG Program Income Limits Source: <http://www.huduser.org/portal/datasets/il.html>

+The FFY 2019 Income Limits are effective as of June 28,2019 NOTE: Baltimore County is part of the **Baltimore-Towson, MD HUD Metro FMR Area**, so all information presented here applies to all of the **Baltimore-Towson, MD HUD Metro FMR Area**. The **Baltimore-Towson, MD HUD Metro FMR Area** contains the following areas: Anne Arundel County, MD ; Baltimore County, MD ; Carroll County, MD ; Harford County, MD ; Howard County, MD ; Queen Anne's County, MD ; and Baltimore City, MD.