



2022 HUD Income Limits

Use the following table to determine income level. Use worksheet on next page.

Figure 1 - 2022 Income Limits Based on HUD Area Median Income(AMI) for Utica-Rome Metro Area				
Household Size	Household Income Category (%AMI)			Area Median Income (AMI)
	Extremely Low (< 30%)	Very Low (< 50%)	Low (< 80%)	
1 Person	\$ 17,006	\$ 28,345	\$ 45,350	\$ 56,687
2 Person	\$ 19,425	\$ 32,375	\$ 51,800	\$ 64,750
3 Person	\$ 21,862	\$ 36,437	\$ 58,300	\$ 72,875
4 Person	\$ 24,281	\$ 40,468	\$ 64,750	\$ 80,937
5 Person	\$ 26,231	\$ 43,718	\$ 69,950	\$ 84,437
6 Person	\$ 28,181	\$ 46,968	\$ 75,150	\$ 93,937
7 Person	\$ 30,112	\$ 50,187	\$ 80,300	\$ 100,375
8 Person	\$ 32,062	\$ 53,437	\$ 85,500	\$ 106,875

Total Number of Individuals in Household: _____

Based upon your TOTAL Household Income, Please check the appropriate category:

- Extremely Low
 Low
 Moderate
 Non Low-Moderate

Based on Applicant Demographics, Please check the appropriate category:

- White
 American Indian or Alaska Native
 Black/ African American
 Pacific Islander
 Asian
 Other/Multicultural

If the Applicant's is considered any of the following, Please check the appropriate categories:

- Disabled
 Elderly (62 + years)
 Hispanic
 Female head of household

NAME / ADDRESS: _____

I certify all information provided to be true understanding that falsification of any item may result in program ineligibility and/or forfeiture of funds. I also understand that income may be verified at any point in time.

ONE Household Per Form



Art Infusion Household Income Verification Worksheet

TO WHOM IT MAY CONCERN: The family/individual named below is an applicant for a program funded through Oneida County program. Regulations require that in order for a family to be eligible for this program, the income of the household as well as its assets, must not exceed certain established limits. The information requested below will be held in strict confidence as is required under the provision of the New York Privacy Protection Act, and will be used only to determine the eligibility of the individuals participating in New York State funded programs.

Thank you for your cooperation in completing those applicable portions of the inquiry.

Applicant Name:

Address:

Program Name: ART Infusion

Applicant Income Data

Name:
 Wages, Salary, Tips, etc.:
 Pension Income:
 Social Security Income:
 P.A. / F.S.:
 Interest Income:
 Rental Income:
 Miscellaneous Income:
 Total Applicant Income:

Amount	Total

Spouse / Additional Household Member Income Data

Name:
 Wages, Salary, Tips, etc.:
 Pension Income:
 Social Security Income:
 P.A. / F.S.:
 Interest Income:
 Rental Income:
 Miscellaneous Income:
 Additional Household Income:

Amount	Total

Total Household Income:	
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Income Verification source:

___ (1 month of pay stubs) ___ IRS Tax Return