

2024 HUD Income Limits

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

| Figure 1 - 2023 Income Limits Based on HUD Area Median Income(AMI) for Utica-Rome Metro Area | | | | |
|---|---|-----------------------|--|-----------------------------------|
| | Household Income Category (%AMI) | | | |
| Household Size | Very Low (< 50%) | Low (< 80%) | | Area Median Income (AMI) |
| 1 Person | \$ 30,800 | \$ 49,250 | | 61,600 |
| 2 Person | \$ 35,200 | \$ 56,250 | | 70,400 |
| 3 Person | \$ 39,600 | \$ 63,300 | | 79,200 |
| 4 Person | \$ 43,950 | \$ 70,300 | | \$ 87,900 |
| 5 Person | \$ 47,500 | \$ 75,950 | | 95,000 |
| 6 Person | \$ 51,000 | \$ 81,550 | | 102,000 |
| 7 Person | \$ 54,500 | \$ 87,200 | | 109,000 |
| 8 Person | \$ 58,050 | \$ 92,800 | | 116,800 |

Total Number of Individuals in Household: _____

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

- ☐ Very Low
 ☐ Low
 ☐ Below Area Median

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.

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

- ☐ Pay stubs or w-9
☐ IRS Tax return

ONE Household Per Form



CDBG Household Income Verification Worksheet

TO WHOM IT MAY CONCERN: The family/individual named below is an applicant for a program funded through the City of Rome's Community Development Block Grant (CDBG) 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 CDBG funded programs.

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

Applicant Name:

Address:

Program Name: ARTLETICS

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: