

INCOME AFFIDAVIT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
(Must live in the 48035, 48036 or 48038 zip codes to qualify for this Scholarship)

Head of Household _____

Home address _____

Main phone number _____

RACE

Please check one category which best describes the race of your household:

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

FEMALE HEAD OF HOUSEHOLD

- Please circle the appropriate designation:
- YES The household is headed by a single female
- NO The household is not female-headed

ETHNICITY

- Please select if applicable
- Hispanic
- Non-Hispanic

HOUSEHOLD INCOME DESIGNATION

Please identify your current household size and appropriate annual income.

ANNUAL HOUSEHOLD INCOME FY-2019
(CHECK ONE)

	HOUSEHOLD SIZE	LOW INCOME LIMIT	AT OR BELOW INCOME LIMIT (X)	ABOVE INCOME LIMIT (X)
MUST BE A RESIDENT OF CLINTON TOWNSHIP TO QUALIFY FOR THIS SCHOLARSHIP	1	\$42,750		
	2	\$48,850		
	3	\$54,950		
	4	\$61,050		
	5	\$65,950		
	6	\$70,850		
	7	\$75,750		
	8	\$80,600		

DECLARATION OF ACCURACY

I hereby attest that the information provided above is accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Applicant

Date