CITY OF TITUSVILLE FY 2011-2012 SELF-DECLARATION OF ELIGIBILITY FOR SECTION 3 PROGRAMS

program of the benefits house complete the f	eholds that meet the	Housing & Urban Deve Program eligibility requantion is confidential an	elopment. To ensure tha uirements, please take ad will only be used for t	a moment to	
Name					
	Adult's Full Na	Adult's Full Name			
Address					
	Street	Street			
	City/State/Zip				
	Oity/Otate/2ip				
Is this address located within the city limits of Titusville? ☐ Yes ☐ No					
Step 1: Step 2: Household Size and Total Household Income Circle the number of persons in your household. Step 2: Household Size and Total Household Income On same line as your household size, check the income range that includes your household. Select line 8 (for 8 persons) and write the number of persons in your household below (see "How Many Persons are in Your Household?")					
+	30%	50%	80%	Over Income	
1 Person	□ \$0 - \$13,200	\$13,201 - \$22,050	□ \$22,051 - \$35,250	☐ Over \$35,250	
2 Persons	□ \$0 - \$15,100	□ \$15,101 - \$25,200	□ \$25,201 - \$40,250	☐ Over \$40,250	
3 Persons	□ \$0 - \$17,000	□ \$17,001 - \$28,350	□ \$28,351 - \$45,300	☐ Over \$45,300	
4 Persons	□ \$0 - \$18,850	□ \$18,851 - \$31,450	□ \$31,451 - \$50,300	☐ Over \$50,300	
5 Persons	□ \$0 - \$20,400	□ \$20,401 - \$34,000	□ \$34,001 - \$54,350	☐ Over \$54,350	
6 Persons	□ \$0 - \$21,900	□ \$21,901 - \$36,500	□ \$36,501 - \$58,350	☐ Over \$58,350	
7 Persons	□ \$0 - \$23,400	□ \$23,401 - \$39,000	□ \$39,001 - \$62,400	☐ Over \$62,400	
8 Persons	□ \$0 - \$24,900	□ \$24,901 - \$41,550	□ \$41,551 - \$66,400	☐ Over \$66,400	
*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. *How Many Persons are in Your Household? *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.					
Printed Name of Applicant Signature of Applicant Date					
Frinced Ivaline of Applicant Signature of Applicant Date					