

**Public Service Program SELF-CERTIFICATION of Income for  
City of Hanford Utility Assistance Program**

**Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_  
*(As it appears on your City of Hanford Utility Bill)* *(City of Hanford Utilities Account No.)*

**Phone Number:** \_\_\_\_\_

**Page 1 to be filled out by Applicant**

**Part I: Confidential Participant / Beneficiary HUD Demographic Information**

*(This section is voluntary)*

<b>Ethnicity (Select One)</b>	<input type="checkbox"/> <b>Not Hispanic</b>	<input type="checkbox"/> <b>Hispanic</b>
<b>Race (Select One)</b>		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan & Black/African American	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial	
<b>Other Demographic Data (Select all that Applies)</b>		
<input type="checkbox"/> Female Head of Household	Participant Age (applicable to head of household) <input type="checkbox"/> 0-18 years; <input type="checkbox"/> 19-24 years; <input type="checkbox"/> 25-44 years; <input type="checkbox"/> 45-64 years; <input type="checkbox"/> 65+	
<input type="checkbox"/> Participant: Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Elderly <input type="checkbox"/>		

**Part II: Confidential Participant / Beneficiary Income Certification**

*(Must be completed and signed prior to providing public service)*

My total family size consists of \_\_\_\_\_ members, and the total gross annual income\* for all adult members is \$\_\_\_\_\_.

\*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per **24 CFR 5.403**.

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 application for Federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by federal personnel as part of compliance monitoring.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

Please complete this form and attach your most current Southern California Edison (SCE) bill listing proof of your enrollment in the Energy Assistance Fund (EAF) or Family Electric Rate Assistance (FERA) Program or Southern California Gas CARE Program and a current City of Hanford Utilities Bill. You must submit both the application and proof of enrollment to be eligible for the City's Utility Assistance Program. **Submit completed form to: City of Hanford Community Development Dept, Housing Division, 317 North Douty Street, Hanford CA 93230**

*The City of Hanford does not discriminate on the basis of race, sex, color, age, national origin, religion or disability in its employment opportunities, programs, services or activities.*



**Public Service Information:**

Name of Public Service(s): Utility Assistance

Name of Agency Providing the Public Service: City of Hanford

Program Service Area:  Citywide

**Participant / Beneficiary Family Income:**

Number of Persons in Household	Maximum Income*
1	\$33,550
2	\$38,350
3	\$43,150
4	\$47,900
5	\$51,750
6	\$55,600
7	\$59,400
8	\$63,250

\*FY 2017 HUD Income Limits Kings County

**Staff must:**

- Circle the applicable family size and annual income limit
- Must complete confidential demographic data, if participant/beneficiary leaves blank.

**Note:** Significant number of program participants/ beneficiaries must reside in the program service area.

**City Staff Certification:** *I certify that the Participant / Beneficiary demographic data and public service information is true and correct, to the best of my knowledge. I certify that, using the current HUD annual income publication compared to the stated family size and income, the income level shown above is true and correct. I certify that Participant / Beneficiary residency status is true and correct, per the requirements of 24 CFR 570.486(b) and/or (c) as applicable.*

**Note:** This completed certification, whether Beneficiary was assisted or not, must be maintained in the Program File for review at time of monitoring.

Certified by: \_\_\_\_\_

Job Title \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_