



KAUAI 2021 CORONAVIRUS RENTAL AND UTILITY ASSISTANCE PROGRAM  
 SELF-CERTIFICATION OF HOUSEHOLD GROSS INCOME VERIFICATION FORM  
 PLEASE RETURN THIS FORM TO KGFCU

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**INCOME AND HOUSEHOLD DATA**

This information should be based on your current household income. Please locate your household size and **CHECK only ONE Income Category that best describes your current gross household income (at or below the amount listed in the chart)**. Income includes wages and salaries, unemployment/PUA benefits, interest, net business income, social security (including SSI/SSDI), pensions, alimony received, VA benefits, and educational benefits received by all family members living at home. SNAP (Food Stamps) are **not** to be included.

Household size	1	2	3	4	5	6	7	8+
80% of AMI	\$57,100	\$65,250	\$73,400	\$81,550	\$88,100	\$94,600	\$101,150	\$107,650
	■	■	■	■	■	■	■	■

Please list the names of the household member(s) that receive income and are covered by this Self-Certification of Household Gross Income Verification Form

Member 1	Name: _____	Annual Income:	_____
Member 2	Name: _____	Annual Income:	_____
Member 3	Name: _____	Annual Income:	_____
Member 4	Name: _____	Annual Income:	_____
Member 5	Name: _____	Annual Income:	_____
Member 6	Name: _____	Annual Income:	_____
Member 7	Name: _____	Annual Income:	_____
Member 8	Name: _____	Annual Income:	_____
Member 9	Name: _____	Annual Income:	_____
Member 10	Name: _____	Annual Income:	_____
(add more rows as needed)			
<b>Total Annual Income:</b>			_____

**Applicant Statement:** "I/We 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 or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (signed or typed)

\_\_\_\_\_  
Date