SAMPLE

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

Last Name:	Beneficiary ID: 4				
Michigan County:	2016 Income Limit: \$XX,XXX		Number of Members:		
First Names:					Subtotals of Line
Member IDs:					Items
Wages, Salaries, Tips, etc.					
Taxable interest					
Ordinary dividends					
Taxable refunds, credits, or offsets of state and local					
income taxes					
Alimony received					
Business income or (loss)					
Capital gain or (loss)					
Other gains or (losses)					
Taxable amount of IRA distributions					
Taxable amount of Pensions and annuities					
Rental real estate, royalties, partnerships, S corporations,					
trusts, etc.					
Farm income or (loss)					
Unemployment compensation					
Taxable amount of Social security benefits					
Other income					
Subtotal of Income					
Educator expenses					
Certain business expenses of reservists, performing					
artists, and fee-basis government officials					
Health savings account deduction					
Moving expenses					
Deductible part of self-employment tax					
Self-employed SEP, SIMPLE, and qualified plans					
Self-employed health insurance deduction					
Penalty on early withdrawal of savings					
Alimony paid					
IRA deduction					
Student loan interest deduction					
Tuition and fees					
Domestic production activities deduction					
Other Deductions					
Subtotal of Deductions					
ADJUSTED GROSS INCOME					
Based upon the information submitted, the Annual Income of4 as been determined to be, which isbelow the201680% income limit of\$XX,XXX for a _1member household in XXXX County, MI (CBSA:). (Completed on July 15, 2016)					

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I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

4

IRS FORM 1040 ADJUSTED GROSS INCOME CALCULATION

Completed on 07/15/2016

Beneficiary ID:

HEAD OF HOUSEHOLD				
Signature	Printed Name	Date		
OTHER BENEFICIARY ADULTS*				
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
* Attach another copy of this page if additional signature lines are required.				
PREPARER				
Signature	Printed Name	Date		

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.