



August 1, 2022

Dear CDBG Subrecipient:

Subject: Community Development Block Grant (CDBG) Program
Federal Fiscal Year (FFY) 2022 HUD Income Limits with Verifiable
Certification and Race and Ethnicity Self-Identification Form

The U.S. Department of Housing and Urban Development (HUD) has recently released new income limits pertaining to the CDBG program for the federal program year 2022. These income limits must be used to qualify individuals, families, and households as being eligible to participate in CDBG-assisted activities. The City has chosen July 1, 2022, as the effective date to begin using the updated income limits.

These new limits must be used to comply with the CDBG regulatory recordkeeping requirement at §570.506(b)(1) which requires that for each activity determined to benefit low-and moderate persons, the income limits applied and the point in time when the benefit was determined for a beneficiary individual, family, or household must be documented. To aid you in meeting this requirement, enclosed is a revised Verifiable Certification form which includes the new income limits. Any other data collection instrument used to gather information on the incomes of CDBG beneficiaries must categorize family/household size and incomes by the four categories on the enclosed form. A revised Race, Ethnicity and Income Data Form 2 is also enclosed and must be used for reporting the beneficiary data collected on the number and types of families/households served.

The race- and- ethnicity- self-identification form is applicable to everyone that has applied for, participated in or benefitted from any program or activity funded in whole or in part with CDBG funds. If documenting and reporting beneficiary income data is not applicable to your program or project's current CDBG funded activities, please retain the income verifiable certification form for future reference. Your respective Contract Officer or Program Monitor is available to answer any questions concerning this letter.

Sincerely,

Carol Amanze

Carol Amanze, Chief
Contracts Section

Enclosures

Note: Letter emailed/mailed to currently funded subrecipients, and City offices/agencies listed in the CDBG-47 Annual Action Plan

bcc:

Ms. Moriarty	Ms. Hart
Ms. Hoffman	Mr. Hicks
Ms. Chittams	Mr. Fielder
Ms. Wood	Mr. Guye
Ms. David	Ms. Winston
Ms. Frierson	Contract File
Mr. Herman	Income Limits File
Ms. Carter	Chron.

**BALTIMORE CITY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FAMILY/HOUSEHOLD INCOME VERIFIABLE CERTIFICATION**

Information on your annual family or household income is required to determine your eligibility to benefit from some Community Development Block Grant (CDBG) Program assisted activities. Each applicant is required to provide information regarding the number of persons in their family or household including the respective total annual gross income. Information provided is subject to verification by representatives of the City of Baltimore and the U.S. Department of Housing and Urban Development (HUD).

NOTE: "Income" is the total annual income of all family or household members as of the date of application. Income of all persons in the family or household **must** be included in calculating family or household income whether or not all family or household members receive assistance. Estimate the annual income by projecting the prevailing rate of income of each person at the time assistance is provided to the family or household. Report all income sources that you would include on a Federal income tax return.

INSTRUCTIONS:

- 1) **Circle the number of persons** in your family or household (adults and children, including you).
- 2) **Within the selected column** circle the income limit that is closest to your family or household gross income but is **NOT LESS THAN** your family or household's gross income. Note that household income includes the monies earned and/or benefits received by all household members.
- 3) **Sign and date** the bottom to certify your family or household size and income.

FEDERAL FISCAL YEAR 2022 - CDBG INCOME LIMITS – EFFECTIVE JULY 1, 2022									
<u>FFY 2022 Income Limit Area</u>	Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
BALTIMORE CITY, MD <small>(Baltimore-Columbia-Towson, MD MSA)</small> <u>MEDIAN FAMILY INCOME</u> \$116,100	Extremely Low Income (30% of Median)	\$24,400	\$27,900	\$31,400	\$34,850	\$37,650	\$40,450	\$43,250	\$46,630
	Low Income (50% of Median)	\$40,650	\$46,450	\$52,250	\$58,050	\$62,700	\$67,350	\$72,000	\$76,650
	Moderate Income (80% of Median)	\$62,600	\$71,550	\$80,500	\$89,400	\$96,600	\$103,750	\$110,900	\$118,050
	Over 80% of Median Income	Over \$62,600	Over \$71,550	Over \$80,500	Over \$89,400	Over \$96,600	Over \$103,750	Over \$110,900	Over \$118,050

Source: U.S. Department of Housing and Urban Development. Data located at: <https://www.huduser.gov/portal/datasets/il/il2022/2022summary.odn>

APPLICANT STATEMENT: By signing this form, 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 as an applicant for federally funded assistance or services, which may include immediate repayment of funds received and /or prosecution under applicable law. I understand that the information on this form is subject to verification by representatives of Baltimore City, HUD or other Federal agencies under the Federal False Claims Act, 31 U.S.C. §3729 et. seq. Upon request, I agree to provide supporting documentation of my family or household gross income including sources.

Applicant Name (Please Print): _____

Current Address: _____ **Zip Code:** _____

Applicant Signature: _____ **Date:** _____

-----STAFF USE ONLY-----

The above information has been reviewed to determine applicant's eligibility for assistance.

Staff Name (Print): _____ **Staff Name (Signature):** _____ **Date** _____

Title (Print): _____

**RACE AND ETHNICITY SELF-IDENTIFICATION
DATA COLLECTION FORM**

Please answer the following questions. This information will be used to help determine the range of persons to whom the benefits of this program are made available.

Ethnicity

Do you identify yourself as (select only one):

- Hispanic or Latino
- Not Hispanic or Latino

Race

Do you identify yourself as (select one or more):

- White
- Black/African American
- Asian
- Black/African American *and* White
- American Indian/Alaskan Native *and* Black/African American
- Other Multi-Racial Category
- American Indian/Alaskan Native *and* White
- Asian *and* White
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

Family/Household Characteristics (write number that reflects your household composition)

Applicant is female head of household? Yes No

- Total family/household size # _____
- Person with disabilities # _____
- Person 62 years of age or older # _____
- Fulltime student age 18 or over # _____
- Child(ren) under the age of 18 years # _____

Applicant Full Name (Please Print): _____

Applicant Signature: _____ **Date:** _____

*******STAFF USE ONLY*******

Staff Name (Print): _____ **Staff Name (Signature):** _____

Title (Print): _____ **Date:** _____

**CITY OF BALTIMORE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
RACE, ETHNICITY AND INCOME DATA**

ORGANIZATION : _____ **REPORTING PERIOD:** _____

ACTIVITY TITLE: _____ **CDBG PROGRAM YEAR:** _____

PLEASE NOTE: The Office of Management and Budget (OMB) revised standards for Federal agencies, including HUD and its program offices/partners, that collect, maintain and report Federal data on race and ethnicity. The information collected is used for statistical purposes, program reporting and civil rights compliance reporting. The standard requires that when collecting data, clients should identify their ethnicity prior to their race. In the space provided below, indicate how many unduplicated clients were served in each race category. In addition to each race category, please indicate how many persons in each race category consider themselves Hispanic. Numbers must be by the Number of Persons (P) or Households (H). Please indicate "P" or "H": _____

RACE	RACE				ETHNICITY					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CUMULATIVE TOTAL	1st	2nd	3rd	4th	CUMULATIVE TOTAL
White										
Black/African American										
Asian										
American Indian/Alaskan Native										
Native Hawaiian/Other Pacific Islander										
American Indian/Alaskan Native & White										
Asian & White										
Black/African American & White										
American Indian/Alaskan Native & Black/African American										
Other Multi-Racial										
TOTALS										
Total Female Headed Households										
Total Disabled or Person With Special Needs										

USING THE FFY 2022 INCOME GUIDELINES PROVIDED, INDICATE IN THE SPACES PROVIDED BELOW THE INCOME LEVELS OF ALL CDBG BENEFICIARIES

INCOME LIMIT CATEGORIES	FFY 2022 INCOME LIMITS								
	1	2	3	4	5	6	7	8	
30% of Median	Person \$24,400	Person \$27,900	Person \$31,400	Person \$34,850	Person \$37,650	Person \$40,450	Person \$43,250	Person \$46,630	
50% of Median	Person \$40,650	Person \$46,450	Person \$52,250	Person \$58,050	Person \$62,700	Person \$67,350	Person \$72,000	Person \$76,650	
80% of Median	Person \$62,600	Person \$71,550	Person \$80,500	Person \$89,400	Person \$96,600	Person \$103,750	Person \$110,900	Person \$118,050	
Above 80% of Median	Over \$62,600	Over \$71,550	Over \$80,500	Over \$89,400	Over \$96,600	Over \$103,750	Over \$110,900	Over \$118,050	
NUMBER OF PERSONS ASSISTED BY INCOME	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CUMULATIVE TOTAL
Extremely Low Income (30% AMI)									
Low Income (50% AMI)									
Moderate Income (80% AMI)									
Above 80% AMI									
TOTAL									

Baltimore City, Maryland

Median Income - \$116,100

EFFECTIVE 7/1/2022