

EFFECTIVE JULY 1, 2026

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 Select the number of persons** in your family or household (adults and children, including you).
- 2 Within the selected column**, select 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 2026 — CDBG INCOME LIMITS — EFFECTIVE JULY 1, 2026

Annual gross income (total of all family/household members) =

FFY 2025 Income Limit Area	Income limit category	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
BALTIMORE CITY, MD (Baltimore-Columbia-To wson, MD MSA)	Extremely Low Income (30% of median)	 \$27,400	 \$31,300	 \$35,200	 \$39,100	 \$42,250	 \$45,400	 \$48,650	 \$54,150
	Low Income (50% of median)	 \$45,650	 \$52,150	 \$58,650	 \$65,150	 \$70,400	 \$75,600	 \$80,800	 \$86,000
	Moderate Income (80% of median)	 \$72,950	 \$83,400	 \$93,800	 \$104,200	 \$112,550	 \$120,900	 \$129,250	 \$137,550
	Over 80% of Median Income	 > \$72,950	 > \$83,400	 > \$93,800	 > \$104,200	 > \$112,550	 > \$120,900	 > \$129,250	 > \$137,550
MEDIAN FAMILY INCOME									
\$130,300									

Source: U.S. Department of Housing and Urban Development. Data located at: <https://www.huduser.gov/portal/datasets/il/il2025/2025summary.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 (MM/DD/YYYY)

✕

STAFF USE ONLY

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

STAFF NAME (PRINT)

TITLE (PRINT)

STAFF SIGNATURE

DATE _____

Race and Ethnicity Self-Identification

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

I identify as (select one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE

I identify as (select all that apply):

- | | |
|---|--|
| ☐ White | ☐ American Indian/Alaska Native <i>and</i> White |
| ☐ Black/African American | ☐ Asian <i>and</i> White |
| ☐ Asian | ☐ Black/African American <i>and</i> White |
| ☐ American Indian/Alaska Native | ☐ American Indian/Alaska Native <i>and</i> Black/African American |
| ☐ Native Hawaiian/Other Pacific Islander | ☐ Other multi-racial category |

FAMILY/HOUSEHOLD CHARACTERISTICS

Write the number that reflects your household composition

Applicant is female head of household ☐ Yes ☐ No

Total family/household size #

Full-time students aged 18 or over #

Persons with disabilities #

Children under the age of 18 #

Persons 62 years of age or older #

EMPLOYMENT

EMPLOYER 1

EMPLOYER

START DATE

WORK PHONE

EMPLOYER ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

EMPLOYER 2

EMPLOYER

START DATE

WORK PHONE

EMPLOYER ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

APPLICANT FULL NAME (PLEASE PRINT)

APPLICANT SIGNATURE

DATE (MM/DD/YYYY)

STAFF USE ONLY

STAFF NAME (PRINT)

TITLE (PRINT)

STAFF SIGNATURE

DATE