<u>Self-Certification of Low-Income Representation Form for the 2024 CBDO Application</u>

Board Member Name:
I certify that I am a current member in good standing of the governing board for
(name of the organization)
and that I represent the interests of low-income families in this organization's targeted service area. I have checked below the manner in which I meet the qualification as a low-income representative:
I qualify as a low-income resident of the agency's geographic area of operation (income limits provided table below). The gross annual income of my household of people is \$
I am an owner or senior officer of a private organization or other institution located in and serving the agency's geographic area of operation. The name of my organization is
I am a representative of a low-and moderate-income neighborhood organization located in the agency's geographic area of operation. The name of my organization is
If the applicant is representing a neighborhood organization, please attach a copy of the signed resolution from the neighborhood organization naming the individual as their representative on the organization's Board of Directors.
By signing and dating this statement, I hereby certify that I meet the representation characteristic checked above.
Board Member Signature Date

City of Cincinnati / Hamilton County 2023 – 2024 Area Median Income Limits:

Income Limit Category	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Extremely Low (30%)	\$22,050	\$25,200	\$28,350	\$31,450	\$34,000	\$36,500	\$39,000	\$41,550
Low (50%)	\$36,700	\$41,950	\$47,200	\$52,400	\$56,600	\$60,800	\$65,000	\$69,200
Moderate (80%)	\$58,700	\$67,100	\$75,500	\$83,850	\$90,600	\$97,300	\$104,000	\$110,700