



Village of Grass Lake
MSHDA CDBG Homeowner Rehabilitation Program
Certification of U.S. Federal Income Tax Non-Filing

Applicant Name: _____

Co-Applicant Name (if applicable): _____

Property Address: _____

City, State, Zip: _____

Tax Year(s) Unfiled: _____

I/We hereby certify that I/we have not filed a Federal Income Tax Return for the tax year(s) listed above for the following reason(s):

- ☐ **Gross Income Below Filing Threshold:** Total household gross income was below the minimum required threshold established by the Internal Revenue Service (IRS) for filing a federal tax return.
- ☐ **Non-Taxable Income Only:** Primary or sole source of income consists entirely of non-taxable benefits, such as Supplemental Security Income (SSI), Social Security, Veterans Disability, or Non-Taxable Disability benefits.
- ☐ **Zero Income:** Had no taxable or gross income from any source during the specified tax year(s).
- ☐ **Other:** _____

Please check all that apply for each non-filing household member

I/We understand that this self-certification is being provided in connection with an application for federal financial assistance through the Village of Grass Lake's MSHDA's CDBG Homeowner Rehabilitation Program. I/We certify under penalty of perjury that the information provided on this form is true, accurate, and complete to the best of my/our knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date