

CDBG PROGRAM FAMILY INCOME SURVEY

Applicant's Name: _____ Date: _____

Address: _____

Signed: _____
Applicant

“Any false statements made knowingly and willfully may subject the signer penalties under Section 1010 of Title 18 of the United States Code.”

For the purpose of determining eligibility for this Community Development project funded by the Federal Community Development Block Grant Program (CDBG), the following information is necessary: Race (Please indicate number of people in each category), Hispanic (Please indicate number of people who are Hispanic)

Race	His-panic	Race	His-panic
White		Asian & White	
Black/African American		Black/African American & White	
Asian		American Indian/Alaskan Native & Black/African Amer.	
American India/Alaskan Native		Asian Pacific Islander	
Native Hawaiian/Other Pacific Islander		Other Multi-Racial	
American Indian/Alaskan Native & White			

Indicate the number of persons living in the family and whether total family income exceeds or falls below the listed figure for the appropriate family size.

- _____ 1 Person - Total Income is ___ above or ___ below \$53,150
- _____ 2 Persons - Total Income is ___ above or ___ below \$60,700
- _____ 3 Persons - Total Income is ___ above or ___ below \$68,300
- _____ 4 Persons - Total Income is ___ above or ___ below \$75,850
- _____ 5 Persons - Total Income is ___ above or ___ below \$81,950
- _____ 6 Persons - Total Income is ___ above or ___ below \$88,000
- _____ 7 Persons - Total Income is ___ above or ___ below \$94,150
- _____ 8 Persons - Total Income is ___ above or ___ below \$100,150

“Any false statements made knowingly and willfully may subject the signer to penalties under Section 1010 of Title 18 of the United States Code.”