**Name of Respondent: Date:**

**Address:**

**For the purpose of determining eligibility for proposed Community Development projects to be funded by the Federal Community Development Block Grant Program, 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 $56,250**

**2 Persons - Total Income is above or below $64,250**

**3 Persons - Total Income is above or below $72,300**

**4 Persons - Total Income is above or below $80,300**

**5 Persons - Total Income is above or below $86,750**

**6 Persons - Total Income is above or below $93,150**

**7 Persons - Total Income is above or below $99,600**

**8 Persons - Total Income is above or below $106,000**

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

**PLEASE ATTACH ONE MONTH OF INCOME VERIFIACTION THAT INCLUDES PAYSTUBS**

**AND ALL INCOME**

**Signed:**

**Respondent (Not applicable if telephone survey)**

**Income Limits Updated: 6/15/23**