

CDBG PROGRAM FAMILY INCOME SURVEY

Name of Respondent: _____ Date: _____

Address: _____

Signed: _____
Respondent

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 \$60,100
- _____ 2 Persons - Total Income is ___ above or ___ below \$68,700
- _____ 3 Persons - Total Income is ___ above or ___ below \$77,300
- _____ 4 Persons - Total Income is ___ above or ___ below \$85,850
- _____ 5 Persons - Total Income is ___ above or ___ below \$92,750
- _____ 6 Persons - Total Income is ___ above or ___ below \$99,600
- _____ 7 Persons - Total Income is ___ above or ___ below \$106,500
- _____ 8 Persons - Total Income is ___ above or ___ below \$113,350

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

Income Limits Updated: 6/1/2025