

INCOME SURVEY COVER SHEET
COMMUNITY DEVELOPMENT SURVEY

Name of Community _____

Date _____

Interviewer's Name _____

Respondent's Street Address (Required):

Structure Number_____
Street Name

Introduction: Hello, I'm _____ and I'm conducting a survey for the City/Village of _____. We're collecting information needed to complete an application for a community development grant. What you say will be kept strictly confidential in accordance with the Privacy Act of 1974 (Public Law 93-579). Your answers are very important to our community improvement effort.

INSTRUCTIONS

1. The Income Survey Worksheet **must** include the name and address of the respondent.
2. Complete all requested information based on the household occupants.
3. If you wish to not complete the "minority benefit determination" section of the Income Survey, you **must** check the box "I choose to not respond."

The Survey data will be used in the evaluation of the community grant application. Completion of the Survey does not constitute an application for or guarantee assistance.

COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY

Community: _____ Name: _____
 County: _____ Street Address: _____

1. How many people are living in the house? _____
2. Check here if female headed household () _____
3. How many people are over 62 years old? _____
4. How many persons with physical or developmental disabilities are there in your household: _____
5. Do you own your own home? _____ Or rent? _____
6. To help determine the ethnic population of your locality or targeted area, please indicate the number of persons in the household in each appropriate category:

MINORITY BENEFIT DETERMINATION		
Racial Group	Total Persons	# of Hispanic / Latino Ethnicity
White		
Black/ African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

I choose to not respond

Use 2016 Section 8 Income Limits for your county (See Attachment B).
 Enter the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY LOW-INCOME" for 50%.

Number of Persons in Family /Household	Annual Income Limit 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 80% of median (C)
1	12,200	20,300	32,500
2	16,020	23,200	37,150
3	20,160	26,100	41,800
4	24,300	29,000	46,400
5	28,440	31,350	50,150
6	32,580	33,650	53,850
7	36,000	36,000	57,550
8	38,300	38,300	61,250

7. Based on the number of persons in your household, check whether your entire household income is:
- Lower** than Column A _____
 Between Columns A & B _____
 Between Columns B & C _____
Higher than Column C _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

FOR OFFICE USE ONLY

REVIEW CONDUCTED BY: _____ (Printed Name)

Type of Survey Conducted: Door-to-Door By Mail