

CDBG PROGRAM FAMILY INCOME SURVEY

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), Ethnicity (Please indicate number of people who are Hispanic)

Race		Hispanic	Race		Hispanic
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 \$38,950
- _____ 2 Persons - Total Income is ___ above or ___ below \$44,500
- _____ 3 Persons - Total Income is ___ above or ___ below \$50,050
- _____ 4 Persons - Total Income is ___ above or ___ below \$55,600
- _____ 5 Persons - Total Income is ___ above or ___ below \$60,050
- _____ 6 Persons - Total Income is ___ above or ___ below \$64,500
- _____ 7 Persons - Total Income is ___ above or ___ below \$68,950
- _____ 8 Persons - Total Income is ___ above or ___ below \$73,400

Signed: _____
Respondent (Not applicable if telephone survey)

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

TELEPHONE SURVEY ONLY			
Name of Interviewer: _____			
Date of Call	Time	Result *	Comments

*C=Completed Survey *B=Busy *R=Refused to Answer Survey
*NA=No Answer