Family Income Form

For residents of: Genesee County, NY

Certain ownership and employment data must be compiled where federal Community Development Block Grant assistance has been used to assist a business. If you have 5 or fewer owners + employees, please provide the following information:

Name:

Address: ____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who *currently* resides with you within the same housing unit and enter the number in the space provided. A family member is a person who is related to you by birth, marriage, or adoption. Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who *currently* resides with you and check the box for the appropriate range.

		Fa	amily \$	Size			
Below		\$16,250		\$43,301	-	\$44,660	
\$16,250	-	\$18,600		\$44,661	-	\$44,850	
\$18,601	-	\$21,960		\$44,851	-	\$47,950	
\$21,961	-	\$26,500		\$47,951	-	\$49,500	
\$26,501	-	\$27,100		\$49,501	-	\$51,050	
\$27,101	-	\$30,950		\$51,051	-	\$55,700	
\$30,951	-	\$31,040		\$55,701	-	\$61,850	
\$31,041	-	\$34,800		\$61,851	-	\$66,800	
\$34,801	-	\$35,580		\$66,801	-	\$71,750	
\$35,581	-	\$38,650		\$71,751	-	\$76,700	
\$38,651	-	\$40,120		\$76,701	-	\$81,650	
\$40,121	-	\$41,750		Over		\$81,650	
\$41,751	-	\$43,300					
Check if you are a famale head of household							
Check if you are a female head of household							
Check if you are a disabled individual							
Check if you are at least 65 years old							
Check if you are currently unemployed							

	Ethnic Origin check one (x)					
	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					
	Other (specify:)					
In addition to checking a box above, check the following box if applicable: Hispanic (Spanish origin) 						

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the U.S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature

Date