

## Family Income Form

### For residents of: Livingston, Monroe, Ontario, Orleans, or Wayne County

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.

Family Size _____			
Below	\$16,850	<input type="checkbox"/>	\$44,661 - \$44,950 <input type="checkbox"/>
\$16,850 - \$19,250		<input type="checkbox"/>	\$44,951 - \$46,550 <input type="checkbox"/>
\$19,251 - \$21,960		<input type="checkbox"/>	\$46,551 - \$49,750 <input type="checkbox"/>
\$21,961 - \$26,500		<input type="checkbox"/>	\$49,751 - \$51,350 <input type="checkbox"/>
\$26,501 - \$28,100		<input type="checkbox"/>	\$51,351 - \$52,950 <input type="checkbox"/>
\$28,101 - \$31,040		<input type="checkbox"/>	\$52,951 - \$57,750 <input type="checkbox"/>
\$31,041 - \$32,100		<input type="checkbox"/>	\$57,751 - \$64,150 <input type="checkbox"/>
\$32,101 - \$35,580		<input type="checkbox"/>	\$64,151 - \$69,300 <input type="checkbox"/>
\$35,581 - \$36,100		<input type="checkbox"/>	\$69,301 - \$74,450 <input type="checkbox"/>
\$36,101 - \$40,100		<input type="checkbox"/>	\$74,451 - \$79,550 <input type="checkbox"/>
\$40,101 - \$40,120		<input type="checkbox"/>	\$79,551 - \$84,700 <input type="checkbox"/>
\$40,121 - \$43,350		<input type="checkbox"/>	Over \$84,700 <input type="checkbox"/>
\$43,351 - \$44,660		<input type="checkbox"/>	
Check if you are a female head of household		<input type="checkbox"/>	
Check if you are a disabled individual		<input type="checkbox"/>	
Check if you are at least 65 years old		<input type="checkbox"/>	
Check if you are currently unemployed		<input type="checkbox"/>	

Ethnic Origin check one (x)
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Other (specify: _____)
In addition to checking a box above, check the following box if applicable:
<input type="checkbox"/> 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