The _____ is conducting an Income Survey in the area of _____. The Survey is being conducted for the purpose of determining income eligibility of the area for Community Development Block Grant funding. The information you provide below will be kept strictly confidential. You must complete Sections A, B, C, D & E and sign the survey form. (Section F is optional.)

A. Please print name and complete address, including street name and number:

_____

_____

_____

B. Do you own the property listed above? _____ Yes _____ No

If you marked yes, do you reside at this same address? _____ Yes _____ No

If not the property owner, do you rent and reside in this property?_____ Yes _____ No

NOTE: Only owner / occupants are eligible for CDBG-funded tap fees or any other assessment associated with water / sanitary sewer line extension projects.

C. Tax Map Number _____ Deed Book No. & Page No. _____

D. Please indicate the total number of persons residing in your household: _____

E. Please indicate range of **TOTAL** household income from all persons residing in the household. (*Refer to the definition of income below.)

_____ $ 0 to $ 36,500 (1)
_____ $ 36,501 to $ 41,700 (2)
_____ $ 41,701 to $ 46,900 (3)
_____ $ 46,901 to $ 52,100 (4)
_____ $ 52,101 to $ 56,300 (5)
_____ $ 56,301 to $ 60,450 (6)
_____ $ 60,451 to $ 64,650 (7)
_____ $ 64,651 to $ 68,800 (8)
_____ Over Income

*The definition of income is:

A. Wages, salaries, tips, commissions, etc.;
B. Self-employment income from non-farm business, including proprietorship & partnerships;
C. Farm self-employment income;
D. Interest, dividends, net rental, or income from estates or trusts;
E. Social Security or railroad retirement;
F. Supplemental Security Income, Aid to Families with Dependent Children or other public assistance or public welfare programs;
G. Retirement, survivor, or disability pensions; and
H. Any other sources of income received regularly, including Veterans Administration Payments, unemployment compensation, alimony & child support.

F. The following data is obtained for HUD statistical purposes only. Data will **NOT** be considered in determining program eligibility.

Race _____ Physically Challenged: _____ Yes _____ No

Female head of household: _____ Yes _____ No

Any false statements made knowingly and willfully may subject the signer to penalties under Section 101 of the United States Code.

_____ _____
(Signature of Household Head) (Date)