

**FAMILY INCOME FORM (3/15) For all CDBG non-housing activities**

Control # \_\_\_\_\_

Resident of: City of Ithaca, NY \_\_\_\_\_ Tompkins County, NY \_\_\_\_\_ Other County (Specify) \_\_\_\_\_

The assistance for which you are applying has been made available with financial assistance provided from Federal Community Development Block Grant funding. As a result, we are required to obtain this information. 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

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.

Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your household who *currently* resides with you and check the box for the appropriate range.

Family Size _____	Racial Categories																																																																																																		
<p><b>Family Income:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Below</td> <td style="width: 12.5%;">\$16,250</td> <td style="width: 12.5%; text-align: center;">___</td> <td style="width: 25%;">\$41,701 -</td> <td style="width: 12.5%;">\$43,250</td> <td style="width: 12.5%; text-align: center;">___</td> </tr> <tr> <td>\$16,251 -</td> <td>\$18,550</td> <td>___</td> <td>\$43,251 -</td> <td>\$44,800</td> <td>___</td> </tr> <tr> <td>\$18,551 -</td> <td>\$20,850</td> <td>___</td> <td>\$44,801 -</td> <td>\$47,900</td> <td>___</td> </tr> <tr> <td>\$20,851 -</td> <td>\$24,250</td> <td>___</td> <td>\$47,901 -</td> <td>\$49,400</td> <td>___</td> </tr> <tr> <td>\$24,251 -</td> <td>\$27,050</td> <td>___</td> <td>\$49,401 -</td> <td>\$51,000</td> <td>___</td> </tr> <tr> <td>\$27,051 -</td> <td>\$28,410</td> <td>___</td> <td>\$51,001 -</td> <td>\$55,600</td> <td>___</td> </tr> <tr> <td>\$28,411 -</td> <td>\$30,900</td> <td>___</td> <td>\$55,601 -</td> <td>\$61,750</td> <td>___</td> </tr> <tr> <td>\$30,901 -</td> <td>\$32,570</td> <td>___</td> <td>\$61,751 -</td> <td>\$66,700</td> <td>___</td> </tr> <tr> <td>\$32,571 -</td> <td>\$34,750</td> <td>___</td> <td>\$66,701 -</td> <td>\$71,650</td> <td>___</td> </tr> <tr> <td>\$34,751 -</td> <td>\$36,730</td> <td>___</td> <td>\$71,651 -</td> <td>\$76,600</td> <td>___</td> </tr> <tr> <td>\$36,731 -</td> <td>\$38,600</td> <td>___</td> <td>\$76,601 -</td> <td>\$81,550</td> <td>___</td> </tr> <tr> <td>\$38,601 -</td> <td>\$40,890</td> <td>___</td> <td>Over</td> <td>\$81,550</td> <td>___</td> </tr> <tr> <td>\$40,891 -</td> <td>\$41,700</td> <td>___</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">                     Check if you are a female head of household _____                      Check if you are at least 62 years old _____                      Check if you are a person with a disability _____                      Check if you are currently unemployed _____                 </p>	Below	\$16,250	___	\$41,701 -	\$43,250	___	\$16,251 -	\$18,550	___	\$43,251 -	\$44,800	___	\$18,551 -	\$20,850	___	\$44,801 -	\$47,900	___	\$20,851 -	\$24,250	___	\$47,901 -	\$49,400	___	\$24,251 -	\$27,050	___	\$49,401 -	\$51,000	___	\$27,051 -	\$28,410	___	\$51,001 -	\$55,600	___	\$28,411 -	\$30,900	___	\$55,601 -	\$61,750	___	\$30,901 -	\$32,570	___	\$61,751 -	\$66,700	___	\$32,571 -	\$34,750	___	\$66,701 -	\$71,650	___	\$34,751 -	\$36,730	___	\$71,651 -	\$76,600	___	\$36,731 -	\$38,600	___	\$76,601 -	\$81,550	___	\$38,601 -	\$40,890	___	Over	\$81,550	___	\$40,891 -	\$41,700	___				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">___</td> <td>White</td> </tr> <tr> <td>___</td> <td>Black/African American</td> </tr> <tr> <td>___</td> <td>Asian</td> </tr> <tr> <td>___</td> <td>American Indian/Alaskan Native</td> </tr> <tr> <td>___</td> <td>Native Hawaiian/Other Pacific Islander</td> </tr> <tr> <td>___</td> <td>American Indian/Alaskan Native and White</td> </tr> <tr> <td>___</td> <td>Asian and White</td> </tr> <tr> <td>___</td> <td>Black/African American and White</td> </tr> <tr> <td>___</td> <td>American Indian/Alaskan Native and Black</td> </tr> <tr> <td>___</td> <td>Other (specify: _____)</td> </tr> </table> <p>Also check the following if applicable:</p> <p style="text-align: right;">Hispanic _____</p>	___	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: _____)
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I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature \_\_\_\_\_

Date \_\_\_\_\_