

New Hampshire Community Development Block Grant Program

Sullivan County FAMILY INCOME VERIFICATION FORM – 2021

MUNICIPALITY: _____ BENEFICIARY NAME: _____
 PROJECT: _____ GRANT NUMBER: _____
 GRANT ADMINISTRATOR: _____

The following information is required to potentially apply for grant/loan funds for the Community Development Block Grant (CDBG) program. If you have any questions, please contact the grant administrator above. Your assistance in the completion of this form is greatly appreciated. It will be held in **strict confidence**, and used only to verify that we are meeting the requirements of the CDBG program.

Please complete both portions of the form that apply in Part I and Part II.

PART I **INCOME AND HOUSEHOLD DATA**

Please choose the row that represents your family size and circle the Income Category that best describes your family income. Family Adjusted gross income is defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes. This data is **required** by the CDBG program.

Number of Persons in Family	Income Category A	Income Category B	Income Category C	Income Category D
1	\$0 to \$17,950	\$17,951 to \$29,900	\$29,901 to \$47,800	\$47,801 +
2	\$0 to \$20,500	\$20,501 to \$34,150	\$34,151 to \$54,600	\$54,601 +
3	\$0 to \$23,050	\$23,051 to \$38,400	\$38,401 to \$61,450	\$61,451 +
4	\$0 to \$26,500	\$26,501 to \$42,650	\$42,651 to \$68,250	\$68,251 +
5	\$0 to \$31,040	\$31,041 to \$46,100	\$46,101 to \$73,750	\$73,751 +
6	\$0 to \$35,580	\$35,581 to \$49,500	\$49,501 to \$79,200	\$79,201 +
7	\$0 to \$40,120	\$40,121 to \$52,900	\$52,901 to \$84,650	\$84,651 +
8	\$0 to \$44,660	\$44,661 to \$56,300	\$56,601 to \$90,100	\$90,101 +

PART II **RACE, ETHNICITY AND HOUSEHOLD DATA**

Data with regard to (1) Household Status; (2) Racial Characteristics and (3) Ethnicity information – in expanded categories – is being requested, in order to measure the impact of the program on the diverse population of the U.S.

Please circle the appropriate racial, ethnic, familial status, age, and handicapped category that applies to you. A number of categories may apply to you. Please note this information will be used for analysis purposes only. We ask you to provide this information on a **voluntary** basis. If you do not wish to provide the information, you may refuse to do so.

CIRCLE ALL IN EACH CATEGORY THAT APPLY

RACE

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

- American Indian or Alaska Native & White
- Asian & White
- Black or African American & White
- American Indian or Alaska Native & Black or African American

ETHNICITY

- AND Hispanic or Latino
- NOT Hispanic or Latino

HOUSEHOLD

- Elderly (62 + years)
- Handicapped
- Female Head of Household
- Not Applicable

Signature

Printed Name

Date

Effective 4/01/21 and subject to change without notice – 2021

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.