New Hampshire Community Development Block Grant Program

Grafton County FAMILY INCOME VERIFICATION FORM – 2023

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 $21,000	$21,001 to $35,000	$35,001 to $56,000	$56,001 +
2	$0 to $24,000	$24,001 to $40,000	$40,001 to $64,000	$64,001 +
3	$0 to $27,000	$27,001 to $45,000	$45,001 to $72,000	$72,001 +
4	$0 to $30,000	$30,001 to $50,000	$50,001 to $80,000	$80,001 +
5	$0 to $32,400	$32,401 to $54,000	$54,001 to $86,400	$86,401 +
6	$0 to $34,800	$34,801 to $58,000	$58,001 to $92,800	$92,801 +
7	$0 to $37,200	$37,201 to $62,000	$62,001 to $99,200	$99,201 +
8	$0 to $39,600	$39,601 to $66,000	$66,001 to $105,600	$105,601 +

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 6/15/23 and subject to change without notice – 2023

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.