

New Hampshire Community Development Block Grant Program

Portsmouth-Rochester NH HUD Metro FMR Area Family Income Verification Form-2024

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 \$27,550	\$27,551 to \$45,950	\$45,951 to \$68,500	\$68,501 +
2	\$0 to \$31,500	\$31,501 to \$52,500	\$52,501 to \$78,250	\$78,251 +
3	\$0 to \$35,450	\$35,451 to \$59,050	\$59,051 to \$88,050	\$88,051 +
4	\$0 to \$39,350	\$39,351 to \$65,600	\$65,601 to \$97,800	\$97,801 +
5	\$0 to \$42,500	\$42,501 to \$70,850	\$70,851 to \$105,650	\$105,651 +
6	\$0 to \$45,650	\$45,651 to \$76,100	\$76,101 to \$113,450	\$113,451 +
7	\$0 to \$48,800	\$48,801 to \$81,350	\$81,351 to \$121,300	\$121,301 +
8	\$0 to \$51,950	\$51,951 to \$86,600	\$86,601 to \$129,100	\$129,101 +

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

Ethnicity

AND Hispanic or Latino
 NOT Hispanic or Latino

Household

American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native & White
 Asian and White
 Black & White

Elderly
 Handicapped
 Female Head of Household
 Not Applicable

 Signature:

 Printed Name:

 Date:

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

Effective 05/01/24 and subject to change without notice – 2024