

**New Hampshire Community Development Block Grant Program**

**Western Rockingham County, NH HUD Metro FMR Area Family Income Verification Form-2026**

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 \$32,400	\$32,401 to \$53,950	\$53,951 to \$74,800	\$74,801 +
2	\$0 to \$37,000	\$37,001 to \$61,650	\$61,651 to \$85,450	\$85,451 +
3	\$0 to \$41,650	\$41,651 to \$69,350	\$69,351 to \$96,150	\$96,151 +
4	\$0 to \$46,250	\$46,251 to \$77,050	\$77,051 to \$106,800	\$106,801 +
5	\$0 to \$49,950	\$49,951 to \$83,250	\$83,251 to \$115,350	\$115,351 +
6	\$0 to \$53,650	\$53,651 to \$89,400	\$89,401 to \$123,900	\$123,901 +
7	\$0 to \$57,350	\$57,351 to \$95,550	\$95,551 to \$132,450	\$132,451 +
8	\$0 to \$61,050	\$61,051 to \$101,750	\$101,751 to \$141,000	\$141,001 +

**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 and White
- Black & 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
- Handicapped
- Female Head of Household
- Not Applicable

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date:

Effective 06/01/26 and subject to change without notice – 2026