



PY 2021 CDBG SUB RECIPIENT INTAKE SHEET

I. General Information

Date: _____
 Gender: Male Female
 Female Head of Household?
 Number of Persons in Household: _____
 Total Annual Household Income: \$ _____

II. Racial Characteristics (Must Select One)

Single Race

Multi Race

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Amer. Indian/Alaskan Native | <input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African Amer. |

Also Hispanic? (NOTE: Per HUD, if you do not identify your racial background as belonging to any of the race groups above, check “White” and indicate here also if you are of Hispanic Ethnic background.)

III. Household Income

Based on the household annual income and number of persons in the household information you provided above, circle one from the current income limits below that is the closest to your income, yet above your income, with the household size that matches yours.

CIRCLE ONE

Household Size/ Income Group	1	2	3	4	5	6	7	8
30%	14,600	16,700	18,800	20,850	22,550	24,200	25,900	27,550
Low	24,350	27,800	31,300	34,750	37,550	40,350	43,100	45,900
60%	29,220	33,360	37,560	41,700	45,060	48,420	51,720	55,080
Moderate	38,950	44,500	50,050	55,600	60,050	64,500	68,950	73,400

IV. Certification

Applicant Self-Certify

I, _____, hereby certify that the information provided above is accurate and true to the best of my knowledge. I understand that I will be held accountable for providing false information,

 Applicant Signature Date

Agency Certify

I, _____, hereby certify that I have verified the household information above and that the applicant is eligible for services. I understand that I will be held accountable for providing false information,

 Agency Signature Date