

Massillon

City of Champions

PY 2022 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%	14,500	16,550	18,600	20,650	22,350	24,000	25,650	27,300
Low	24,150	27,600	31,050	34,450	37,250	40,000	42,750	45,500
60%	28,980	33,120	37,260	41,340	44,700	48,000	51,300	54,600
Moderate	38,600	44,100	49,600	55,100	59,550	63,950	68,350	72,750

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