

PY 2023 CDBG SUB RECIPIENT INTAKE SHEET

I. General Inf	ormation	1								
Date:										
Gender: Male ☐ Femal	le 🗆									
Female Head of Housel										
Number of Persons in H	Household	1:								
Total Annual Househol										
II. Racial Cha	racteristi	cs (Must S	Select One)							
Single Rac	ee				Multi Rac	ee				
□White	□American Indian/Alaskan Native & White									
□Black		□Asian & White								
□Asian					Black/African American & White					
□Amer. Indian/Alaska	□Amer. Indian/Alaskan Native & Black/African Amer.									
☐ Also Hispanic? (NO race groups above, chec								ny of the		
III. Household	Income									
Based on the household above, circle one from income, with the house	the curren	it income li	mits below es yours.							
Household Size/	1	2	3	4	5	6	7	8		
Income Group	15 100	10.550	22 000	24.400	26.400	20.250	20.200	22.250		
30%	17,100	19,550	22,000	24,400	26,400	28,350	30,300	32,250		
Low	28,500	32,600	36,650	40,700	44,000	47,250	50,500	53,750		
60% Moderate	34,200 45,600	39,120 52,100	43,980 58,600	48,840 65,100	52,800 70,350	56,700 75,550	60,600 80,750	64,500 85,950		
na de la composição de	12,000	22,100	20,000	05,100	70,550	72,220	00,720	02,720		
IV. Certificatio	n									
Applicant Self-Certify					Agency Certify					
I,, hereby certify that				l,	I,, hereby certify that I					
the information provided above is accurate and true to				have veri	have verified the household information above and that					
the best of my knowledge. I understand that I will be held				the applic	the applicant is eligible for services. I understand that I					
accountable for providing false information,				will be he	will be held accountable for providing false information,					
Applicant Signature	pplicant Signature Date			Agency Si	Agency Signature			 Date		