Kathy Catazaro-Perry, Mayor

Massillon
City of Champions

PY 2023 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**
☐White	☐American Indian/Alaskan Native & White
☐Black	☐Asian & White
☐Asian	☐Black/African American & White
☐Amer. Indian/Alaskan Native	☐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%	16,150	18,450	20,750	23,050	24,900	26,750	28,600	30,450
Low	26,950	30,800	34,650	38,450	41,550	44,650	47,700	50,800
60%	32,340	36,960	41,850	41,580	49,860	53,850	57,240	60,960
Moderate	43,050	49,200	55,350	55,350	66,450	71,350	76,300	81,200

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