ECONOMIC DEVELOPMENT

Lawrence MA – NH (HMFA) FAMILY INCOME VERIFICATION FORM - 2016

MUNICIPALITY:_____ APPLICANT NAME: _____
NAME OF BUSINESS:_____ POSITION BEING APPLIED FOR: _____
ADMINISTRATOR:_____ CURRENTLY EMPLOYED? YES _____NO _____
N/A for micro business beneficiaries

The Above Business has benefited from funding provided to the Municipality, above, by the Community Development Block Grant (CDBG) program. The program requires that all applicants must complete the following verification. If you have questions, contact the Grant Administrator, listed 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 grant program.

Please complete all fields above and both portions of the form – 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 income includes wages and salaries, interest, net business income, social security, pensions, alimony received, VA benefits, and educational benefits received by all family members living at home. Alimony paid may be deducted. This verification form should reflect your current family income. 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 $17,700	$17,701 to $29,450	$29,451 to $46,000	$46,001 +
2	$0 to $20,200	$20,201 to $33,650	$33,651 to $52,600	$52,601 +
3	$0 to $22,750	$22,751 to $37,850	$37,851 to $59,150	$59,151 +
4	$0 to $25,250	$25,251 to $42,050	$42,051 to $65,700	$65,701 +
5	$0 to $28,440	$28,441 to $45,450	$45,451 to $71,000	$71,001 +
6	$0 to $32,580	$32,581 to $48,800	$48,801 to $76,250	$76,251 +
7	$0 to $36,730	$36,731 to $52,150	$52,151 to $81,500	$81,501 +
8	$0 to $40,890	$40,891 to $55,550	$55,551 to $86,750	$86,751 +

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 & 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 (62 + years)
Handicapped
Female Head of Household
Not Applicable

_____ _____ _____
Signature Printed Name Date

Effective 4/6/16 and subject to change without notice - ED - 2016