

# HOUSING & PUBLIC FACILITIES

## Boston-Cambridge-Quincy, MA FAMILY INCOME VERIFICATION FORM – 2017

SURVEY #: \_\_\_\_\_ DATE: \_\_\_\_\_  
MUNICIPALITY: \_\_\_\_\_ PROJECT: \_\_\_\_\_  
SURVEY ADMINISTRATOR: \_\_\_\_\_

The following information is required to potentially apply for grant/loan funds for the Community Development Block Grant (CDBG) program. If you have any questions, please contact the survey administrator 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 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.

Family Size	Income Category A	Income Category B	Income Category C	Income Category D
1	\$0 to \$21,700	\$21,701 to \$36,200	\$36,201 to \$54,750	\$54,751 +
2	\$0 to \$24,800	\$24,801 to \$41,400	\$41,401 to \$62,550	\$62,551 +
3	\$0 to \$27,900	\$27,901 to \$46,550	\$46,551 to \$70,350	\$70,351 +
4	\$0 to \$31,000	\$31,001 to \$51,700	\$51,701 to \$78,150	\$78,151 +
5	\$0 to \$33,500	\$33,501 to \$55,850	\$55,851 to \$84,450	\$84,451 +
6	\$0 to \$36,000	\$36,001 to \$60,000	\$60,001 to \$90,700	\$90,701 +
7	\$0 to \$38,450	\$38,451 to \$64,150	\$64,151 to \$96,950	\$96,951 +
8	\$0 to \$41,320	\$41,321 to \$68,250	\$68,251 to \$103,200	\$103,201+

### 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