

**SPARTANBURG COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
BENEFICIARY INFORMATION**

Please fill in EACH blank completely, sign, and return to the agency.

PROGRAM NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Beneficiary Name: \_\_\_\_\_  
(First) (Middle) (Last) (Phone Number)

2. Address \_\_\_\_\_  
Street Address

\_\_\_\_\_

City

State

Zip

County

3. Ethnicity: (select only one) Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

4. Race: Black/African American \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Asian \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_

American Indian/Alaskan Native & White \_\_\_\_\_ Asian & White \_\_\_\_\_ Other Multi-racial \_\_\_\_\_

Black/African American & White \_\_\_\_\_ American Indian/Alaskan Native & Black/African American \_\_\_\_\_

5. Number of elderly in household (Age 62 and Older) \_\_\_\_\_

6. Number of disabled in household \_\_\_\_\_

7. Female head of household: (please check one) Yes  No

8. What is your gross taxable income for all household members 18 years of age and over?

**GROSS HOUSEHOLD INCOME**

*First, choose the correct family size, and then check the pay range your gross household income fits in.*

FAMILY SIZE	ANNUAL INCOME							
	30% Limits	TOTAL	Very Low Income	TOTAL	60% LIMITS	TOTAL	LOW INCOME	TOTAL
1	\$0-\$11750	_____	\$11751-\$19600	_____	\$19601-\$23520	_____	\$23521-\$31300	_____
2	\$0-\$13400	_____	\$13401-\$22400	_____	\$22401-\$26880	_____	\$26881-\$35800	_____
3	\$0-\$15100	_____	\$15101-\$25200	_____	\$25201-\$30240	_____	\$30241-\$40250	_____
4	\$0-\$16750	_____	\$16751-\$27950	_____	\$27951-\$33540	_____	\$33541-\$44700	_____
5	\$0-\$18100	_____	\$18101-\$30200	_____	\$30201-\$36240	_____	\$36241-\$48300	_____
6	\$0-\$19450	_____	\$19451-\$32450	_____	\$32451-\$38940	_____	\$38941-\$51900	_____
7	\$0-\$20800	_____	\$20801-\$34700	_____	\$34701-\$41640	_____	\$41641-\$55450	_____
8 or more persons	\$0-\$22150	_____	\$22151-\$36900	_____	\$36901-\$44280	_____	\$44281-\$59050	_____

9. SIGNATURE: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**(All applicants must sign. If you are under 18, a Parent/Guardian signature is necessary.)**

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

ALL INFORMATION IS STRICTLY CONFIDENTIAL. To be completed by the individual and returned to agency.