

**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-\$11600	_____	\$11601-\$19300	_____	\$19301-\$23160	_____	\$23161-\$30850	_____
2	\$0-\$13250	_____	\$13251-\$22050	_____	\$22051-\$26460	_____	\$26461-\$35300	_____
3	\$0-\$14900	_____	\$14901-\$24800	_____	\$24801-\$29760	_____	\$29761-\$39700	_____
4	\$0-\$16550	_____	\$16551-\$27550	_____	\$27551-\$33060	_____	\$33061-\$44100	_____
5	\$0-\$17850	_____	\$17851-\$29750	_____	\$29751-\$35700	_____	\$35701-\$47650	_____
6	\$0-\$19200	_____	\$19201-\$31950	_____	\$31951-\$38340	_____	\$38341-\$51150	_____
7	\$0-\$20500	_____	\$20501-\$34150	_____	\$34151-\$40980	_____	\$40981-\$54700	_____
8 or more persons	\$0-\$21850	_____	\$21851-\$36350	_____	\$36351-\$43620	_____	\$43621-\$58200	_____

**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.