

## SPARTANBURG COUNTY CDBG BENEFICIARY INFORMATION

*Please complete and return to the agency.*

**Today's Date:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

**Beneficiary Name:** \_\_\_\_\_  
(First) (Last)

**Address:** \_\_\_\_\_  
 Street Address

\_\_\_\_\_

City State Zip County

**Please check the racial group to which you belong:**

- |  |   |
|--|---|
| <input type="checkbox"/> Black/African American                                  | <input type="checkbox"/> White/Caucasian                        |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Asian & White                          |
| <input type="checkbox"/> American Indian/Alaskan Native                          | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native & White                  | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-racial                     |

**Please check the ethnic group to which you belong:** Hispanic/Latino  Non-Hispanic/Latino

### GROSS HOUSEHOLD INCOME

**First, choose your family size, and then circle the range for the gross total household income (for everyone over 18 years of age) below your family size.**

**If your household income is greater than amount listed or not listed leave blank.**

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 or more Persons
<b>30% Limits</b>	\$0-\$14,250	\$0-\$16,300	\$0-\$18,350	\$0-\$20,350	\$0-\$22,000	\$0-\$23,650	\$0-\$25,250	\$0-\$26,900
<b>50% Limits</b>	\$14,251-\$23,800	\$16,301-\$27,200	\$18,351-\$30,600	\$20,351-\$33,950	\$22,001-\$36,700	\$23,651-\$39,400	\$25,251-\$42,100	\$26,901-\$44,850
<b>80% Limits</b>	\$23,801-\$38,050	\$27,201-\$43,450	\$30,601-\$48,900	\$33,951-\$54,300	\$36,701-\$58,650	\$39,401-\$63,000	\$42,101-\$67,350	\$44,851-\$71,700

\_\_\_\_\_  
**Signature of Beneficiary** Signature of Parent/Guardian

**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.**