SPARTANBURG COUNTY CDBG BENEFICIARY INFORMATION

Please complete and return to the agency.

Today's Date: ___________________ Program Name: ____________________________

Address: ________________________________________________________________

Street Address

City __________________________________ State __________ Zip __________ County

Please check the racial group to which you belong:
___Black/African American _______________ White/Caucasian
___Asian ________________________________ Asian & White
___American Indian/Alaskan Native __________ Native Hawaiian/Other Pacific Islander
___American Indian/Alaskan Native & White __________ Black/African American & White
___American Indian/Alaskan Native & Black/African American __________ 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.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1 Person</th>
<th>2 Persons</th>
<th>3 Persons</th>
<th>4 Persons</th>
<th>5 Persons</th>
<th>6 Persons</th>
<th>7 Persons</th>
<th>8 or More Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% Limits</td>
<td>$0-$13,100</td>
<td>$0-$14,950</td>
<td>$0-$16,800</td>
<td>$0-$18,650</td>
<td>$0-$20,150</td>
<td>$0-$21,650</td>
<td>$0-$23,150</td>
<td>$0-$24,650</td>
</tr>
<tr>
<td>50% Limits</td>
<td>$13,101-$21,750</td>
<td>$14,951-$24,850</td>
<td>$16,801-$27,950</td>
<td>$18,651-$31,050</td>
<td>$20,151-$33,550</td>
<td>$21,651-$36,050</td>
<td>$23,151-$38,550</td>
<td>$24,651-$41,000</td>
</tr>
<tr>
<td>80% Limits</td>
<td>$21,751-$34,800</td>
<td>$24,851-$39,800</td>
<td>$27,951-$44,750</td>
<td>$31,051-$49,700</td>
<td>$33,551-$53,700</td>
<td>$36,051-$57,700</td>
<td>$38,551-$61,650</td>
<td>$41,001-$65,650</td>
</tr>
</tbody>
</table>

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.