

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:

- | | |
|--|---|
| <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
30% Limits	\$0-\$13,100	\$0-\$14,950	\$0-\$16,800	\$0-\$18,650	\$0-\$20,150	\$0-\$21,650	\$0-\$23,150	\$0-\$24,650
50% Limits	\$13,101-\$21,750	\$14,951-\$24,850	\$16,801-\$27,950	\$18,651-\$31,050	\$20,151-\$33,550	\$21,651-\$36,050	\$23,151-\$38,550	\$24,651-\$41,000
80% Limits	\$21,751-\$34,800	\$24,851-\$39,800	\$27,951-\$44,750	\$31,051-\$49,700	\$33,551-\$53,700	\$36,051-\$57,700	\$38,551-\$61,650	\$41,001-\$65,650

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.