FAMILY INCOME FORM
(To be completed by all owners of the business)

The grant for which you are applying has been made available with financial assistance from Columbia County using Federal Community Development Block Grant Funding. The Grantor is required to obtain the following:

Name: _____ Business Name: _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who ***currently*** resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Check the appropriate family size below. Next, total the income from all sources received during the last calendar year (January - December) by yourself and each member of your family who ***currently*** resides with you. Income includes wages, salaries, tips, business income, interest, dividends, the taxable portion of pensions and annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, and social security; less alimony paid and unreimbursed employee business expenses calculated consistent with IRS Form 2106. Compare this total to the figure listed for the checked family size and indicate which range your family income falls within by checking the appropriate box.

My Family Income is (check one)

Family Size (check)		<30% Median	30%-50% Median	50%-80% Median	>80% Median
	1	$0 - $24,550	$24,551 - $40,900	$40,901 - $65,450	$65,451 - or more
	2	$0 - $28,050	$28,051 - $46,750	$46,751 - $74,800	$74,801 - or more
	3	$0 - $31,550	$31,551 - $52,600	$52,601 - $84,150	$84,151 - or more
	4	$0 - $35,050	$35,051 - $58,400	$58,401 - $93,450	$93,451 - or more
	5	$0 - $38,680	$38,681 - $63,100	$63,101 - $100,950	$100,951 - or more
	6	$0 - $44,360	$44,361 - $67,750	$67,751 - $108,450	$108,451 - or more
	7	$0 - $50,040	$50,041 - $72,450	$72,451 - $115,900	$115,901 - or more
	8	$0 - $55,720	$55,721 - $77,100	$77,101 - $123,400	$123,401 - or more
	9	**Actual Income:**			

Race (Required) – ***Select one option below***

	White		**Black/African American *and* White**
	Black/African American		**Asian *and* White**
	Asian		**American Indian/Alaskan Native *and* White**
	American Indian/Alaskan Native		**Native Hawaiian/Other Pacific Islander *and* White**
	Native Hawaiian/Other Pacific Islander		**Other Multi-Racial**
	Ethnicity (Optional) – In addition to race, do you identify as Hispanic		

***HUD has designated Hispanic as an ethnic group. A person should be identified as both a member of a racial group and an ethnic group when this ethnic group is selected.**

Additional Categories (Optional): Are you a… -May select more than one option-		**Employment Status (Required): Are you currently employed? -Select one option below-**	
	Female Head of Household		**Yes**
	Elderly Person		**No**
	Disabled Person		

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Office of Community Renewal and the U.S. Department of Housing and Urban Development.

I certify that the information provided herein is true to the best of my knowledge.

_____ _____

Signature Date