

PARTICIPANT DATA
(Must be updated annually for each household)
Household Income Limits Effective June 28, 2019

Subgrantee Agency: _____

All information provided will be kept confidential. This program is funded by the U.S. Dept. of Housing & Urban Development (HUD) through the City of Salem Dept. of Planning & Community Development (DPCD). The DPCD is required to ask the following questions annually in order to comply with federal regulations imposed by HUD. If you have any questions regarding this form, please contact the DPCD at 978-619-5685.

Participant Name or Assigned#: _____

The following information is required to determine your eligibility for this program:

Household Size: _____

Household Gross Income (include the total of all income for household members 18+): *(Check One)*

- | | | |
|-----------------------|-----------------------|-------------------------|
| ___ \$24,900 or less | ___ \$46,951 – 47,400 | ___ \$78,251 – 80,300 |
| ___ \$24,901 – 28,450 | ___ \$47,401 – 53,350 | ___ \$80,301 – 89,200 |
| ___ \$28,451 – 32,000 | ___ \$53,351 – 59,250 | ___ \$89,201 – 96,350 |
| ___ \$32,001 – 35,550 | ___ \$59,251 – 62,450 | ___ \$96,351 – 103,500 |
| ___ \$35,551 – 38,400 | ___ \$62,451 – 64,000 | ___ \$103,501 – 110,650 |
| ___ \$38,401 – 41,250 | ___ \$64,001 – 68,750 | ___ \$110,651 – 117,750 |
| ___ \$41,251 – 41,500 | ___ \$68,751 – 71,400 | ___ \$117,751 or over |
| ___ \$41,501 – 44,100 | ___ \$71,401 – 73,500 | |
| ___ \$44,101 – 46,950 | ___ \$73,501 – 78,250 | |

In signing this form, I/we certify that all of the information provided above is true and correct to the best of my/our knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility. I/we authorize the funding agency and/or the City of Salem to obtain verification from any source I/we provide.

Name (printed) _____ *Signature* _____ *Date:* _____

The following information will not affect your eligibility for this program. If you prefer not to answer, the agency representative accepting this form may complete this portion via observation.

Ethnicity: Hispanic or Latino*: Yes _____ No: _____
**Whether yes or no, please check one race category below!*

- Race:**
(Check one)
- White
 - Black/African American
 - Asian
 - Native Hawaiian/Other Pacific Islander
 - American Indian or Alaskan Native
- Multi Race:
- American Indian/Alaskan Native & White
 - Asian & White
 - Black/African American & White
 - Am. Indian/Alaskan Native & Black/African Am.
 - Other Multi-Racial

For agency use: _____ *Intake Date:* _____
Based on household size and income, indicate income category:

- Very Low Income Low Income Moderate Income High