

**PARTICIPANT DATA (Direct Benefit)**  
**(Must be updated annually for each household)**  
**Household Income Limits Effective July 1, 2020**

**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)*

*Provide proof of public assistance (i.e. social security, SNAP, subsidized housing). If not receiving assistance, show a copy of your most recent Federal Income Tax Return for all household members 18+ (if return is older than 6 months, show 8 weeks pay stubs for all household members 18+).*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$26,850 or less  | <input type="checkbox"/> \$50,651 – 51,200 | <input type="checkbox"/> \$84,451 – 86,650   |
| <input type="checkbox"/> \$26,851 – 30,700 | <input type="checkbox"/> \$51,201 – 57,600 | <input type="checkbox"/> \$86,651 – 96,250   |
| <input type="checkbox"/> \$30,701 – 34,550 | <input type="checkbox"/> \$57,601 – 63,950 | <input type="checkbox"/> \$96,251 – 103,950  |
| <input type="checkbox"/> \$34,551 – 38,350 | <input type="checkbox"/> \$63,951 – 67,400 | <input type="checkbox"/> \$103,951 – 111,650 |
| <input type="checkbox"/> \$38,351 – 41,450 | <input type="checkbox"/> \$67,401 – 69,100 | <input type="checkbox"/> \$111,651 – 119,350 |
| <input type="checkbox"/> \$41,451 – 44,500 | <input type="checkbox"/> \$69,101 – 74,200 | <input type="checkbox"/> \$119,351 – 127,050 |
| <input type="checkbox"/> \$44,501 – 44,800 | <input type="checkbox"/> \$74,201 – 77,000 | <input type="checkbox"/> \$127,051 or over   |
| <input type="checkbox"/> \$44,801 – 47,600 | <input type="checkbox"/> \$77,001 – 79,300 |  |
| <input type="checkbox"/> \$47,601 – 50,650 | <input type="checkbox"/> \$79,301 – 84,450 |  |

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