

PARTICIPANT DATA
(Must be updated annually for each household)
Household Income Limits Effective June 1, 2021

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:

Total Household Gross Income (your income plus income of other family household members' 18+)

1. Select the column that corresponds to your household size.
2. **Circle** the income range that corresponds to your total household gross income.

	Total Number of People In Household							
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Total Household Gross Income	Under \$28,200	Under \$32,200	Under \$36,250	Under \$40,250	Under \$43,500	Under \$46,700	Under \$49,950	Under \$53,150
	\$28,201- \$47,000	\$32,201- \$53,700	\$36,251- \$60,400	\$40,251- \$67,100	\$43,501- \$72,500	\$46,701- \$77,850	\$49,951- \$83,250	\$53,151- \$88,600
	\$47,001- \$70,750	\$53,701- \$80,850	\$60,401- \$90,950	\$67,101- \$101,050	\$72,501- \$109,150	\$77,851- \$117,250	\$83,251- \$125,350	\$88,601- \$133,400
	Over \$70,750	Over \$80,850	Over \$90,950	Over \$101,050	Over \$109,150	Over \$117,250	Over \$125,350	Over \$133,400

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

Name (printed) _____ Signature _____ Date: _____

The following statistical 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.

1. **Ethnicity:** Are you Hispanic or Latino?: Yes No:

2. **Race:** Check one box to indicate your race.

- White Black/African American Asian
 Native Hawaiian/Other Pacific Islander American Indian or Alaskan Native
 Or if Multi Race:
 American Indian/Alaskan Native & White Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American 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