The following information is required by the United States Department of Housing and Urban Development (HUD). Every agency that receives CDBG funds must report on the beneficiaries served. The information provided on this form is essential to securing present and future funding for this agency.

**If the beneficiary is under the age of eighteen, this questionnaire must be filled out by a parent or legal guardian.**

**Personal Information**First Name: Middle Initial: Last Name:

Address:

City: State: Zip:

Date of Birth:

**Family/Individual Information [please check the appropriate space(s)]:**Gender Identification: 🞏 Male 🞏 Female Disabled: 🞏 Yes 🞏 No

Married: 🞏 Yes 🞏 No Homeless: 🞏 Yes 🞏 No

Head of Household: 🞏 Single Female 🞏 Single Male 🞏 Dual Headed

Veteran: 🞏 Yes 🞏 No

Number of Family Members - including self (circle): 1 2 3 4 5 6 7 8

Number of Family Members 62 or older (circle): 1 2 3 4 5 6 7 8

**Note family size includes any persons that live in your residence that are related by blood, adoption or marriage.**

**Race/Ethnicity**

Do you consider yourself to be Hispanic? 🞏 Yes 🞏 No

Check all categories that apply:  
  
🞏 White 🞏 American Indian/Alaskan Native & White  
🞏 Black/African American 🞏 Asian & White  
🞏 Asian 🞏 Black/African American & White  
🞏 American Indian/Alaskan Native 🞏 Amer. Indian/Alaskan Native & Black/African Amer.  
🞏 Native Hawaiian/Other Pacific Islander 🞏 Other multi-racial

**Income Verification Data – as defined by the IRS Form 1040**

*CIRCLE* the total number of people in your family **and***CIRCLE* the income range that captures your total annual gross family income.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FY 2022 Income Limits\*\*** | **Household Size** | | | | | | | | | | | |
| **1 Person** | | | **2 Persons** | | | **3 Persons** | | | **4 Persons** | | |
| 30% of AMI | $0 | - | $35,350 | $0 | - | $40,400 | $0 | - | $45,450 | $0 | - | $50,500 |
| 50% of AMI | $35,351 | - | $58,950 | $40,401 | - | $67,350 | $45,451 | - | $75,750 | $50,501 | - | $84,150 |
| 80% of AMI | $58,951 | - | $71,550 | $67,351 | - | $81,750 | $75,751 | - | $91,950 | $84,151 | - | $102,150 |
| > 80% AMI | $71,551 | + |  | $81,751 | + |  | $91,951 | + |  | $102,151 | + |  |
|  | **5 Persons** | | | **6 Persons** | | | **7 Persons** | | | **8 Persons** | | |
| 30% of AMI | $0 | - | $54,550 | $0 | - | $58,600 | $0 | - | $62,650 | $0 | - | $66,700 |
| 50% of AMI | $54,551 | - | $90,900 | $58,601 | - | $97,650 | $62,651 | - | $104,350 | $66,701 | - | $111,100 |
| 80% of AMI | $90,901 | - | $110,350 | $97,651 | - | $118,500 | $104,351 | - | $126,700 | $111,101 | - | $134,850 |
| > 80% AMI | $110,351 | + |  | $118,501 | + |  | $126,701 | + |  | $1134,851 | + |  |

\* Note family size includes any persons that live in your residence that are related by blood, adoption, or marriage.  
\*\* Income Limits are updated annually (FY2022 Effective April 18, 2022)

Are you currently employed? 🞏 Yes 🞏 No  
  
Which of the following forms of income/benefits are you receiving? (Check all categories that apply):

🞏 Temporary Assistance for Needy Families (TANF) 🞏 Unemployment Benefits  
🞏 Supplemental Security Income (SSI) 🞏 Other Retirement Benefits  
🞏 Social Security Benefits 🞏 Section 8 Housing Choice Voucher  
🞏 Veteran Benefits 🞏 Free and Reduced Lunch

I/We certify that the information given on family composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of assistance. I hereby certify that my family size and income are as stated above. I consent to verification of this information by the service provider, the City of Stamford, or other governmental officials as required.

|  |
| --- |
|  |
| **Name Signature Date** |