

**COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY**

Community: CITY OF ANNA County: UNION  
 Street Address: \_\_\_\_\_ Date Conducted: \_\_\_\_\_

1. How many people are living in the house? \_\_\_\_\_
2. Check here if female headed household \_\_\_\_\_
3. How many people are over 62 years old? \_\_\_\_\_
4. How many persons with physical or developmental disabilities are there in your household: \_\_\_\_\_
5. Do you own your own home? Or rent? \_\_\_\_\_
6. To help determine the ethnic population of your locality or service area, please indicate the number of persons in the household in each appropriate category:

MINORITY BENEFIT DETERMINATION		
Racial Group	Total Persons	# of Hispanic / Latino Ethnicity
White		
Black/ African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		
I choose to not respond <input type="checkbox"/>		

Use the most recent Section 8 Income Limits for your county. Indicate Month/Year: FY22 (See Section IX Attachments)  
 Enter the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY LOW-INCOME" for 50%.

Number of Persons in Family /Household	Annual Income Limit 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 80% of median (C)
1	15,950	26,600	42,500
2	18,310	30,400	48,600
3	23,030	34,200	54,650
4	27,750	37,950	60,700
5	32,470	41,000	65,600
6	37,190	44,050	70,450
7	41,910	47,100	75,300
8	46,630	50,100	80,150

7. Based on the number of persons in your household, check whether your entire household income is:
- |                            |                             |
|----------------------------|-----------------------------|
| <b>Lower</b> than Column A | Between Columns B & C       |
| Between Columns A & B      | <b>Higher</b> than Column C |

COMMENTS

**FOR LOCAL OFFICE USE ONLY**

Type of Survey Conducted: Door-to-Door By Mail

\*REVIEW APPROVED BY:

Printed Name

Signature

Date

**\*Surveys submitted without the occupant's address, date conducted, signature of approver and date approved will be considered spoiled/unusable. Further, verification of survey results may be randomly conducted by CDBG Program Staff.**