

## SPARTANBURG COUNTY CDBG BENEFICIARY INFORMATION

*Please complete and return to the agency.*

**Today's Date:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

**Beneficiary Name:** \_\_\_\_\_  
(First) (Last)

**Address:** \_\_\_\_\_  
 Street Address

\_\_\_\_\_

City State Zip County

**Please check the racial group to which you belong:**

- |  |   |
|--|---|
| <input type="checkbox"/> Black/African American                                  | <input type="checkbox"/> White/Caucasian                        |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Asian & White                          |
| <input type="checkbox"/> American Indian/Alaskan Native                          | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native & White                  | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-racial                     |

**Please check the ethnic group to which you belong:** Hispanic/Latino  Non-Hispanic/Latino

### GROSS HOUSEHOLD INCOME

**First, choose your family size, and then circle the range for the gross total household income (for everyone over 18 years of age) below your family size.**

**If your household income is greater than amount listed or not listed leave blank.**

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 or more Persons
<b>30% Limits</b>	\$0-\$15,700	\$0-\$17,950	\$0-\$20,200	\$0-\$22,400	\$0-\$24,200	\$0-\$26,000	\$0-\$27,800	\$0-\$29,600
<b>50% Limits</b>	\$15,701-\$26,150	\$17,951-\$29,900	\$20,201-\$33,650	\$22,401-\$37,350	\$24,201-\$40,350	\$26,001-\$43,350	\$27,801-\$46,350	\$29,601-\$49,350
<b>80% Limits</b>	\$26,151-\$41,850	\$29,901-\$47,800	\$33,651-\$53,800	\$37,351-\$59,750	\$40,351-\$64,550	\$43,351-\$69,350	\$46,351-\$74,100	\$49,351-\$78,900

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Signature of Parent/Guardian

**All applicants must sign. If you are under 18, a Parent/Guardian signature is necessary.**

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government

**ALL INFORMATION IS STRICTLY CONFIDENTIAL. To be completed by the individual and returned to agency.**