

**HOUSEHOLD SURVEY FOR PROPOSED
CDBG-DR ASSISTANCE APPLICATION**

Household Survey # _____
Interviewer _____
Date _____

The **Insert the City/County Name** is conducting this survey to obtain information necessary to apply for a Georgia Community Development Block Disaster Recovery Grant to assist with **INSERT PROJECT TYPE** improvements to **INSERT PROJECT SUMMARY**. It is extremely important to the success of this application that you complete the following survey. **All information collected are kept strictly confidential.** If you have questions concerning this survey, please contact **INSERT CONTACT INFORMATION**.

Household Racial and Ethnic Information		
Racial/Ethnic Group	Number of Persons	Hispanic Origin (Y/N)
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
TOTAL PERSONS SERVED		

For purposes of determining benefit to low and moderate-income persons, we need to know the total gross household income. (On the line that represents the total number of people living in the residence, please circle the income range that best represents the household income.) **UPDATE WITH APPROPRIATE INCOME LIMITS BASED ON PROJECT LOCATION**

# in Household	<=30%	>30% and <=50%	>50% and <=80%	80%>
1	\$11,000 or less	\$11,001-\$18,250	\$18,251-\$29,200	\$29,201 or more
2	\$12,550 or less	\$12,551-\$20,850	\$20,851-\$25,020	\$25,021 or more
3	\$14,100 or less	\$14,101-\$23,450	\$23,451-\$28,140	\$28,141 or more
4	\$15,650 or less	\$15,651-\$26,050	\$26,051-\$31,260	\$31,261 or more
5	\$16,950 or less	\$16,951-\$28,150	\$28,151-\$33,780	\$33,781 or more
6	\$18,200 or less	\$18,201-\$30,250	\$30,251-\$36,300	\$36,301 or more
7	\$19,450 or less	\$19,451-\$32,350	\$32,351-\$38,820	\$38,821 or more
8	\$20,700 or less	\$20,701-\$34,400	\$34,401-\$41,280	\$41,281 or more

FAMILY MAKEUP	
Enter the number of adult household residents	
Enter the number of children (under 18) household residents	
Enter the number of elderly household residents	
Enter the number of handicapped household residents	
Indicate with an "X" if the head of household is female	
Indicate with an "X" if the resident has Limited English Proficiency.	

I certify that my household size and household income indicated above are correct.

Signature: _____ Printed Name: _____

Thank you for completing this survey. The information will assist in applying for a Community Development Block Disaster Recovery Grant and be kept absolutely confidential and does not obligate you in any way.