

**Dauphin County Community Development Block Grant
Income Survey Form
Effective 6/01/2024**

PLEASE READ INSTRUCTIONS BEFORE FILLING IN THE FORM

Date: _____ Phone Number: _____

Name: _____

Address: _____

1. How many FAMILIES currently reside at this address? _____

Family Detail

Family #1: family size: _____ No. female _____ No. male _____

Family #2: family size: _____ No. female _____ No. male _____

Family #3: family size: _____ No. female _____ No. male _____

Continue on back, if needed.

Total household members (All family members combined): _____ (This is the number that must be circled below on the table)

2. Household Income:

Step 1. Choose the column and circle the number that matches the number of persons living at this address.

Step 2. Right below the **same column** where you have circled the number of the persons, choose and circle the number that is closest to your total household Income. **Do not circle multiple incomes, you must circle only one income level below the number of persons circled.**

Dauphin County Eff. 6/01/2024	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Very Low	Less than 34,300	Less than 39,200	Less than 44,100	Less than 48,950	Less than 52,900	Less than 56,800	Less than 60,700	Less than 64,650
Extremely Low	Less than 20,500	Less than 23,500	Less than 26,450	Less than 31,200	Less than 36,580	Less than 41,960	Less than 47,340	Less than 52,720
Low Income	Less than 54,850	Less than 62,650	Less than 70,500	Less than 78,300	Less than 84,600	Less than 90,850	Less than 97,100	Less than 103,400
Above Income	More than 54,850	More than 62,650	More than 70,500	More than 78,300	More than 84,600	More than 90,850	More than 97,100	More than 103,400

3. Please include the number of persons of the racial group to which you belong, if there is more than racial group, please specify the number of each racial group:

Race	Hispanic?	Race	Hispanic?
() American Indian or Alaska Native		() American Indian or Alaska Native and White	
() Asian		() Asian and White	
() Black or African American		() American Indian or Alaska Native and Back or African American	
() White		() Other () Russian	

- 4. How many elderly (over 62) are there in the house? _____
- 5. Female head of household, circle the answer? **Yes** **No**
- 6. Number of Disabled? _____
- 7. Owner? _____ Renter? _____
- 8. This project may produce jobs. Would you like to be contacted in the event there are job openings, circle the answer? Yes _____ No _____ Phone Number _____

Important: The information on this form is strictly confidential and will not be released to a third party; it is not a public record.

I hereby certify that the information provided here is true and correct, and understand any falsification of any of the information provided here could subject me to disqualification from participation and punishment under the law.

Signature of the person providing the information

Date

Signature of the surveyor

Date