

COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY

Community: City of Benton County: Franklin
 Street _____
 Address: _____ Phone Number: _____

1. How many people are living in the house? _____
2. Do you have current house insurance? _____
3. Check here if female headed household () _____
4. How many people are over 62 years old? _____
5. How many persons with physical or developmental disabilities are there in your household: _____
6. Do you own your own home? _____ Or rent? _____
7. To help determine the ethnic population of your locality or project 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: 04/24 (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	Annual Income Limit	Annual Income Limit
	30% of median (A)	50% of median (B)	80% of median (C)
1	\$17,100	\$28,500	\$45,600
2	\$20,440	\$32,600	\$52,100
3	\$25,820	\$36,650	\$58,600
4	\$31,200	\$40,700	\$65,100
5	\$36,580	\$44,000	\$70,350
6	\$41,960	\$47,250	\$75,550
7	\$47,340	\$50,500	\$80,750
8	\$52,720	\$53,750	\$85,950

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

COMMENTS: _____

HOUSING NEEDS SURVEY

Address: _____

To be completed for ALL housing rehabilitation projects.

- 1. How many rooms are in the house – not counting bathrooms? _____
- 2. Is your house connected to a central sewer system Yes No
- 3. Are any major improvements needed to your home Yes No

If yes, please describe below

- Roofing Yes No
- Plumbing Yes No
- Electrical/Wiring Yes No
- Heating/AC Yes No
- Foundation Yes No
- Other Yes No

Is your home One-story or Two-story
 Does your home have a Basement or Crawl Space

FOR INTERVIEWER ONLY!

Place corresponding points to describe the extent of each structural deficiency.

SECTION A – Major Deficiencies			
Points: (6) Remove/Replace (3) Repair (0) No Repairs Needed			
Roofing		Plumbing – Drain/Waste/Vent	
Framing – Exterior walls & Sills		Plumbing – Supply & Fixtures	
Framing – Load bearing beams & joists		Electrical Service & Distribution	
Foundation		Electrical Fixtures	
Furnace		Section A Total (Max. 54)	
SECTION B – Minor Deficiencies			
Points: (4) Remove/Replace (2) Repair (0) No Repairs Needed			
Doors – Interior		Interior Flooring	
Doors – Exterior		Windows	
Porches/Entrances		Siding/Painting	
		Section B Total (Max. 24)	
Approximate Square Footage:		Total Points (A + B)	
Designate if housing unit is a Mobile Home Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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

INCOME & HOUSING NEEDS SURVEYS APPROVED BY:

Printed Name _____ Signature _____ Date _____

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