



Community Development Block Grant (CDBG) Family Income Verification

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Sex: Male Female Head of Household: Yes No

Co-Applicant: _____

Co-Applicant Home Phone: _____ Co-Applicant Cell Phone: _____ Co-Applicant Work Phone: _____

Co-Applicant Address: _____

Co-Applicant Sex: Male Female

	LIST ALL INDIVIDUAL LIVING IN HOUSEHOLD INCLUDING SELF	DATE OF BIRTH	SEX	AGE	RELATIONSHIP TO APPLICANT	ELDERLY	DISABLED
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
TOTAL HOUSEHOLD SIZE							

RACE	ETHNICITY
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic white
<input type="checkbox"/> American Indian or Alaska Native and White	<input type="checkbox"/> Hispanic American Indian or Alaska Native White
<input type="checkbox"/> Asian and White	<input type="checkbox"/> Hispanic Asian and White
<input type="checkbox"/> Black or African American and White	<input type="checkbox"/> Hispanic Black or African American and White
<input type="checkbox"/> American Indian or Alaska Native and Black or African American	<input type="checkbox"/> Hispanic American Indian or Alaska Native and Black or African American
<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Russian <input type="checkbox"/> Other
	<input type="checkbox"/> Non - Hispanic or Latino



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TANF Recipient: Yes No Amount Received \$ _____

Please provide copies of the following documents: (Submit copies of all that apply)

Pay Stub (s),

Individual support Letter

Award Letter (s): Social Security (SS), Supplemental Security Income (SSI), Disability Income (DI), Child Support

Other Annual Income: Commission/Overtime Bonus, Seasonal, Unemployment, Pension/Retirement, Alimony,

Self-employment, Other.

Print Name

Signature

Date

OFFICE USE ONLY:

FY 2020 Income Limits Summary

FY 2020 Income Limit Area	Median Income Explanation	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lynchburg city	\$72,400	Very Low (50%) Income Limits (\$) Explanation	25,350	29,000	32,600	36,200	39,100	42,000	44,900	47,800
		Extremely Low Income Limits (\$)* Explanation	15,200	17,400	21,720	26,200	30,680	35,160	39,640	44,120
		Low (80%) Income Limits (\$) Explanation	40,550	46,350	52,150	57,900	62,550	67,200	71,800	76,450