



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 2022 Income Limits Summary

FY 2021 Income Limit Area	Median Income Explanation	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lynchburg city	\$73,700	Very Low (50%) Income Limits (\$) Explanation	\$25,800	\$29,500	\$33,200	\$36,850	\$39,800	\$42,750	\$45,700	\$48,650
		Extremely Low Income Limits (\$)* Explanation	\$16,600	\$18,950	\$21,300	\$23,650	\$25,550	\$27,450	\$29,350	\$31,250
		Low (80%) Income Limits (\$) Explanation	\$41,300	\$47,200	\$53,100	\$58,950	\$63,700	\$68,400	\$73,100	\$77,800
		Low (60%) Income Limits (\$) Explanation	\$30,960	\$35,400	\$39,840	\$44,220	\$47,760	\$51,300	\$54,840	\$58,320