

Confidential* Income Survey

Community: _____ County: Muskingum

Benefit Area: _____

Address of Household: _____

Total number of Household Members (include yourself, spouse, children, etc.): _____

Income Range of Household
(Total Gross Annual Income of All Persons)

Check the box below that corresponds to your household's income range:

Income Limit Ranges (2010 HUD Income Limits)

\$ 0 - \$30,150

\$30,151 - \$34,450

\$34,451 - \$38,750

\$38,751 - \$43,050

\$43,051 - \$46,500

\$46,501 - \$49,950

\$49,951 - \$53,400

\$53,401 - \$56,850

\$56,851 - above

Date of Survey: _____

Name of Surveyor: _____

*Information is "confidential" in that it is intended for use only by the local government staff administering this program and state agency personnel responsible for program oversight and that information and records will only be released as permitted by state and federal law, pursuant to written request made by authorized persons in conformance with the Ohio Revised Code.

**A good faith effort must be made to collect information from the "no response" household. Surveyor should attempt to contact at least 3 times and note this on the survey form.

For Local CDBG Administrators Use Only

LMI Qualified? _____ YES _____ NO _____ No Response**

Surveyor Agreement Form

Community: _____ County: Muskingum

Benefit Area: _____

I, the undersigned, when conducting an income survey of the above listed benefit area, agree to:

Use the following standard language: My name is _____. I am working with Muskingum County to collect data needed to complete an application for a community development grant. To do this, we must conduct a survey of the area. The information gathered by the survey will be confidential and will only be viewed by the local program administrator and funding agency. The survey only requires you to indicate your approximate total household annual income (before taxes) for the current year and the number of persons residing in your household. Are you willing to participate in the survey?

Use the applicant's prescribed survey methodology to randomly and evenly sample the entire benefit area;

Use the **Confidential Income Survey** form and keep the information collected confidential; and

Report information collected exactly as the respondents indicated.

Print Name

Signature

Date