

**SPARTANBURG COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
BENEFICIARY INFORMATION**

Please fill in EACH blank completely, sign, and return to the agency.

**PROGRAM NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**1. Beneficiary Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Phone Number)

**2. Address** \_\_\_\_\_  
Street Address

City State Zip County

**3. Ethnicity:** (select only one) Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

**4. Race:** Black/African American \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Asian \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_

American Indian/Alaskan Native & White \_\_\_\_\_ Asian & White \_\_\_\_\_ Other Multi-racial \_\_\_\_\_

Black/African American & White \_\_\_\_\_ American Indian/Alaskan Native & Black/African American \_\_\_\_\_

**5. Number of elderly in household (Age 62 and Older)** \_\_\_\_\_

**6. Number of disabled in household** \_\_\_\_\_

**7. Female head of household: (please check one)** Yes  No

**8. What is your gross taxable income for all household members 18 years of age and over?**

**GROSS HOUSEHOLD INCOME**

*First, choose the correct family size, and then check the pay range your gross household income fits in.*

| FAMILY SIZE       | ANNUAL INCOME |       |                 |       |                 |       |                 |       |
|-------------------|---------------|-------|-----------------|-------|-----------------|-------|-----------------|-------|
|                   | 30% Limits    | TOTAL | Very Low Income | TOTAL | 60% LIMITS      | TOTAL | LOW INCOME      | TOTAL |
| 1                 | \$0-\$11800   | _____ | \$11801-\$19650 | _____ | \$19651-\$23580 | _____ | \$23581-\$31450 | _____ |
| 2                 | \$0-\$13500   | _____ | \$13501-\$22450 | _____ | \$22451-\$26940 | _____ | \$26941-\$35950 | _____ |
| 3                 | \$0-\$15200   | _____ | \$15201-\$25250 | _____ | \$25251-\$30300 | _____ | \$30301-\$40450 | _____ |
| 4                 | \$0-\$16850   | _____ | \$16851-\$28050 | _____ | \$28051-\$33660 | _____ | \$33661-\$44900 | _____ |
| 5                 | \$0-\$18200   | _____ | \$18201-\$30300 | _____ | \$30301-\$36360 | _____ | \$36361-\$48500 | _____ |
| 6                 | \$0-\$19550   | _____ | \$19551-\$32550 | _____ | \$32551-\$39060 | _____ | \$39061-\$52100 | _____ |
| 7                 | \$0-\$20900   | _____ | \$20901-\$34800 | _____ | \$34801-\$41760 | _____ | \$41761-\$55700 | _____ |
| 8 or more persons | \$0-\$22250   | _____ | \$22251-\$37050 | _____ | \$37051-\$44460 | _____ | \$44461-\$59300 | _____ |

**9. SIGNATURE:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**(All applicants must sign. If you are under 18, a Parent/Guardian signature is necessary.)**

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

ALL INFORMATION IS STRICTLY CONFIDENTIAL. To be completed by the individual and returned to agency.