

**PARTICIPANT DATA**  
*(Must be updated annually for each household)*  
**Household Income Limits Effective May 1, 2024**

**Subgrantee Agency:** \_\_\_\_\_

All information provided will be kept confidential. This program is funded by the U.S. Dept. of Housing & Urban Development (HUD) through the City of Salem Dept. of Planning & Community Development (DPCD). The DPCD is required to ask the following questions annually in order to comply with federal regulations imposed by HUD. If you have any questions regarding this form, please contact the DPCD at 978-619-5685.

**Participant Name or Assigned#:** \_\_\_\_\_

**The following information is required to determine your eligibility for this program:**

**Total Household Gross Income** (your income plus income of other family household members' 18+)

1. Select the column that corresponds to your household size.
2. **Circle** the income range that corresponds to your total household gross income.

|                              |                       | Total Number of People In Household |                        |                        |                        |                        |                         |                         |       |
|------------------------------|-----------------------|-------------------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------|-------------------------|-------|
| Total Household Gross Income | 1 Person              | 2 People                            | 3 People               | 4 People               | 5 People               | 6 People               | 7 People                | 8 People                |       |
|                              | Under                 | Under                               | Under                  | Under                  | Under                  | Under                  | Under                   | Under                   | Under |
|                              | \$34,300              | \$39,200                            | \$44,100               | \$48,950               | \$52,900               | \$56,800               | \$60,700                | \$64,650                |       |
|                              | \$34,301-<br>\$57,100 | \$39,201-<br>\$65,300               | \$44,101-<br>\$73,450  | \$48,951-<br>\$81,600  | \$52,901-<br>\$88,150  | \$56,801-<br>\$94,700  | \$60,701-<br>\$101,200  | \$64,651-<br>\$107,700  |       |
|                              | \$57,101-<br>\$91,200 | \$65,301-<br>\$104,200              | \$73,451-<br>\$117,250 | \$81,601-<br>\$130,250 | \$88,151-<br>\$140,700 | \$94,701-<br>\$151,700 | \$101,201-<br>\$161,550 | \$107,701-<br>\$171,950 |       |
| Over                         | Over                  | Over                                | Over                   | Over                   | Over                   | Over                   | Over                    |                         |       |
| \$91,200                     | \$104,200             | \$117,250                           | \$130,250              | \$140,700              | \$151,700              | \$161,550              | \$171,950               |                         |       |

In signing this form, I certify that all of the information provided above is true and correct to the best of my knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility. I authorize the funding agency and/or the City of Salem to obtain verification from any source I provide.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

The following statistical information will not affect your eligibility for this program. If you prefer not to answer, the agency representative accepting this form may complete this portion via observation.

1. **Ethnicity:** Are you Hispanic or Latino?: Yes  No:

2. **Race:** Check one box to indicate your race.

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> White   | <input type="checkbox"/> Black/African American            | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                  | <input type="checkbox"/> American Indian or Alaskan Native |                                |
| Or if Multi Race:  |  |                                |
| <input type="checkbox"/> American Indian/Alaskan Native & White                  | <input type="checkbox"/> Asian & White                     |                                |
| <input type="checkbox"/> Black/African American & White                          |  |                                |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-Racial                |                                |

For agency use:

Intake Date: \_\_\_\_\_

Based on household size and income, indicate income category:

- Very Low Income     Low Income     Moderate Income     High