CITY OF HUNTINGTON COVID-19 GRANT PROGRAM INCOME SURVEY

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The City of Huntington is conducting this survey to obtain information necessary to administer a Community Development Block Grant. Part of the application process is to have the following survey completed by each employee												
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-	of your business. If you have any questions concerning this survey, please call Bryn Keplinger at (260) 356-5146. Instructions can also be found on the back of this sheet.											
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		nine the corre oriate box belo		f person(s) in	your fami	ly and	d circle that r	number	in the			
	 Look at the amount of money listed in the block that is circled. Is the total family income above or below that amount of money? (see instructions for calculating income) 											
	3. Place a check after either "Above" or "Below" to match the appropriate answer in Question 2.											
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INSTRUCTIONS FOR COMPLETING GRANT SURVEY FORM

- 1. NUMBER OF PERSONS IN THE FAMILY: This number will include all members of immediate family residing in the household. It includes residents temporarily away from the surveyed family (e.g. college students, persons on extended vacation, etc.)
- 2. **FAMILY INCOME**: Income is determined by computing the total income of all family members for the last three (3) months and then multiplying that number by four (4), including persons temporarily away from the family/house. **Note: Income is not limited to salaries, wages, and tips.**All other forms of income as specified by the Internal Revenue Service should be included (e.g. payments received from social security, pensions, annuities, dividends, taxable interest income, tax exempt interest income, IRA distributions, etc.)
- 3. **ABOVE OR BELOW:** Simply identify the box which appropriately determines the number of persons in the family. If the total family income amount is above the dollar amount listed in this box, check the "Above ()" category. If the total family income amount is below the dollar amount listed in this box, check the "Below ()" category.
- 4. **FAMILY ETHNIC AND RACIAL INFORMATION:** Racial and ethnic information is needed for data reporting purposes. Each member in family should be designated by race. A number should be placed in the Hispanic column for each family member who considers themselves of Hispanic ethnicity. If the resident chooses not to answer this question, the box "refuses to answer" should be marked.
- 5. **FAMILY MAKE-UP:** Enter the number of elderly (62 years or older) in family. Enter the number of severely disabled adults in the family. Indicate by checking Yes or No if the head of the family is female.
- 6. **DATE:** Enter the date the form was completed.
- 7. Check the line in the bottom left corner of the survey form if the answer to Question 3 is determined to be "Below." If so, this residence is to be considered a "low- to moderate-income family."