**INCOME SURVEY FOR COMMUNITY DEVELOPMENT BLOCK GRANT- INFRASTRUCTURE (CDBG-I)**

**DIVISION OF WATER INFRASTRUCTURE**

**NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY (NCDEQ)**

**PLEASE READ INSTRUCTIONS BEFORE FILLING IN THE FORM**

Date: \_\_\_\_\_\_\_\_02/09/2017\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_919-xxx-xxxx

Name: \_\_\_\_\_\_\_\_\_Bob Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_1212 Main St. Exampleville, NC 27666 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many families currently reside at this address? \_\_\_\_\_2\_\_\_\_\_\_

**Family Detail**

Family #1: family size: \_\_\_\_\_3\_\_\_\_\_\_ No. female\_\_\_\_1\_\_\_\_\_\_No. male\_\_\_\_\_2\_\_\_

Family #2: family size: \_\_\_\_\_4\_\_\_\_\_\_ No. female\_\_\_\_2\_\_\_\_\_\_No. male\_\_\_2\_\_\_\_\_\_

Family #3: family size: \_\_\_\_\_\_\_\_\_\_\_ No. female\_\_\_\_\_\_\_\_\_\_ No. male\_\_\_\_\_\_\_\_\_\_

Continue on back, if needed.

**Total household members (All families’ members Combined): \_\_\_7\_\_\_\_\_ (This is the number that must be circled below on the table)**

|  |  |  |
| --- | --- | --- |
| **Race/Ethnicity** | **Non-Hispanic** | **Hispanic** |
| **White** | 2 | 1 |
| **Black/African American** | 4 |  |
| **Asian** |  |  |
| **American Indian/Alaskan Native** |  |  |
| **Native Hawaiian/Other Pacific Islander** |  |  |
| **American Indian/Alaskan Native/White** |  |  |
| **Asian/ White** |  |  |
| **Black/African American/ White** |  |  |
| **American Indian/Alaskan Native/ Black/African American** |  |  |
| **Other Multi-Racial** |  |  |
| **Total** | 6 | 1 |

1. Household Income**: Step 1.** Choose the column and circle the number that matches the number of persons living at this address. **Step 2.** Right below the **same column** where you have circled the number of the persons**,** choose andcircle the number that is closest to your total household Income. **Do not circle multiple incomes, you must circle only one income level below the number of persons circled. For this example: Total household income: $25,000.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Columbus County 2016** | **1 PERSON** | **2 PERSON** | **3 PERSON** | **4 PERSON** | **5 PERSON** | **6 PERSON** | **7 PERSON** | **8 PERSON** |
| **Extremely Low** | ≤11880 | ≤16020 | ≤20160 | ≤24150 | ≤26100 | ≤28050 | ≤29950 | ≤31900 |
| **Very Low** | ≤16950 | ≤19350 | ≤21750 | ≤24150 | ≤26100 | ≤28050 | ≤29950 | ≤31900 |
| **Low** | ≤27100 | ≤30950 | ≤34800 | ≤38650 | ≤41750 | ≤44850 | ≤47950 | ≤51050 |
| **Above Income** | > 27100 | > 30950 | > 34800 | > 38650 | > 41750 | > 44850 | > 47950 | > 51050 |

1. Please include the number of persons of the racial group to which you belong, if there is more than racial group, please specify the number of each racial group:
2. How many elderly (>62) are there in the house? \_\_\_\_0\_\_\_\_
3. Female head of household, circle the answer? **Yes No**
4. Number of Disabled? \_\_\_\_\_\_\_1\_\_\_\_\_\_\_\_
5. Owner? \_\_\_\_X\_\_\_\_\_\_ Renter? \_\_\_\_\_\_\_\_\_
6. This project may produce jobs. Would you like to be contacted in the event there are job openings, circle the answer?

Yes Phone Number: \_\_\_\_\_919-XXX-XXXX\_\_\_\_ No

If this survey is for a project that will extend water and/or sewer service to an unserved area, the following questions must be asked:

**Sewer Service:**

a) Do you have problems with your septic system? **Yes No N/A**

b) Would you connect to public wastewater service if the service is offered? **Yes No N/A**

**Water Service:**

a) Do you have problems with your well? **Yes No N/A**

b) The problems are (circle all that apply): dry well bad smell/taste contamination

c) Would you connect to public water service if the service is offered? **Yes No N/A**

**Important**: The information on this form is strictly confidential and will not be released to a third party; it is not a public record.

**I hereby certify that the information provided here is true and correct, and understand any falsification of**

**any of the information provided here could subject me to disqualification from participation and**

**punishment under the law.**

\_\_\_\_\_\_\_\_Bob Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_2/9/2017\_\_\_\_\_\_\_\_

Signature of the person providing the information Date

\_\_\_\_\_\_Marce Vargas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_2/9/2017\_\_\_\_\_\_\_\_

Signature of the surveyor Date