

Supplementary 2020 Client Intake Form For HUD National Objective:

The information you provide on this form will remain confidential but will be used to ensure compliance with the U.S. Department of Housing and Urban Development Community Development Block Grant requirements.

Step 1. Please circle the number below that applies to your family size. In this case, family means all persons living in the same household who are related by birth, marriage or adoption.

FAMILY SIZE

Step 2. In the column directly below your annual family size check if your family income is above or below the amount circled.

1	2	3	4	5	6	7	8
Person	Persons	Persons	Persons	Persons	Persons	Persons	Persons
\$ 36,600	\$ 41,800	\$ 47,050	\$ 52,250	\$ 56,450	\$ 60,650	\$ 64,800	\$ 69,000
Above ()	Above ()	Above ()	Above ()	Above ()	Above ()	Above ()	Above ()
Below ()	Below ()	Below ()	Below ()	Below ()	Below ()	Below ()	Below ()

CERTIFICATION

Step 3. Due to COVID-19 Town staff and volunteers are filling out this form using verbal responses from residents to minimize interaction. I certify that the above information I reported is correct, to the best of my knowledge.

Resident's Name: _____ Date: _____

Confidentiality

All information obtained on this form is treated with the utmost confidentiality and is kept in a secure and locked space by the Agency providing the services. It is made available for review only to the funding agency representatives to verify that only eligible clients are being served with the federally awarded funds.