**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Family Detail**

 Family #1: family size: \_\_\_\_\_\_\_\_\_\_\_ No. female\_\_\_\_\_\_\_\_\_\_ No. male\_\_\_\_\_\_\_\_\_\_

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

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

 Continue on back, if needed.

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

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.**

|  |
| --- |
| **XXXX County 20XX** |
| **Income Limits** | **1****PERSON** | **2****PERSON** | **3****PERSON** | **4****PERSON** | **5****PERSON** | **6****PERSON** | **7****PERSON** | **8****PERSON** |
| **Extremely Low** | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## |
| **Very Low** | ≤## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## |
| **Low** | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## | ≤ ## |
| **Above Income** | > ## | > ## | > ## | > ## | > ## | > ## | > ## | > ## |

1. Race/Ethnicity: 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**:**

|  |  |  |
| --- | --- | --- |
| **Race / Ethnicity** | **Non-Hispanic** | **Hispanic** |
| White |  |  |
| Black / African American |  |  |
| 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:**  |  |  |

1. How many elderly (>62) are there in the house? \_\_\_\_\_\_\_\_\_\_
2. Female head of household, circle the answer? **Yes No**
3. Number of Disabled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Owner? \_\_\_\_\_\_\_\_\_ Renter? \_\_\_\_\_\_\_\_\_
5. This project may produce jobs. Would you like to be contacted in the event there are job openings? Circle the answer below.

Yes Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the person providing the information Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the surveyor Date