

GRANT SURVEY FORM

(Read Instructions on the Reverse Side Before Completing)

NOTICE: This form should be used for actual survey collection.

Resident Providing Information: _____
(Please Print)

Street Address: _____

Do You Own or Rent This House? _____ OWN _____ RENT

The Following Information is Needed to Submit an Application for a Grant:

1. Determine the correct number of person(s) in the household and circle that number in the appropriate box below.
2. Look at the amount of money listed in the block that is circled. Is the total household income above or below that amount of money?
3. Place a check after either "Above" or "Below" to match the appropriate answer in Question 2.

| | | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Person | Persons | Persons | Persons | Persons | Persons | Persons | Persons |
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Above () | Above () | Above () | Above () | Above () | Above () | Above () | Above () |
| Below () | Below () | Below () | Below () | Below () | Below () | Below () | Below () |

The income limited listed in the boxes above are from the county of: _____

| DATA REPORTING INFORMATION: | | | | | |
|------------------------------------------------------------------------------------------------------------------|-------|----------|-----------------------------------------|-------|----------|
| Complete the following table regarding the number of persons who will directly benefit from this project: | | | | | |
| IDIS Numbers | Total | Hispanic | IDIS Numbers | Total | Hispanic |
| 11. White | | | 20. Other Multi-Racial | | |
| 12. Black/African American | | | 21. Female Heads of Household | | |
| 13. Asian | | | 22. Number of Minorities | | |
| 14. American Indian/ Alaskan Native | | | 23. Number of Elderly (+62) | | |
| 15. Native Hawaiian/Other Pacific Islander | | | 24. Number of Handicapped | | |
| 16. American Indian/ Alaskan Native and White | | | 25. Number of Children 18 or Younger | | |
| 17. Asian and White | | | | | |
| 18. Black/African American and White | | | | | |
| 19. American Indian/Alaskan Native and Black/African American | | | | | |

Signature of Person Completing this Form: _____

Date this Form Completed: _____

| |
|-------------------------------------------------------------------|
| TO BE COMPLETED BY RESIDENT PROVIDING INFORMATION |
| Signature or Initials of Resident Providing Information: _____ |
| Home Telephone Number: _____ |

_____ Check box if answer to Question 3 is "Below" Map House ID Number _____

INSTRUCTIONS FOR COMPLETING SURVEY FORM

1. RE: “Number of Persons in the Household.”
This number will include all residents temporarily away from the surveyed household (e.g. college students, persons on extended vacation, etc.)
2. RE: “Household Income”
This includes the total amount of income for every person living in the surveyed residency including persons temporarily away from the household. **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. RE: “Above or Below”
This is the test for determining whether or not a residency may be considered a low- and moderate-income household. Simply identify the box which appropriately determines the number of persons in the household. If the dollar amount in this box is above the total household income amount, check the “Above ()” category. If the dollar amount in the box is below the total household income amount, check the “Below ()” category. **Note: To determine the appropriate dollar amounts to be identified in each block, reference the current “Income Limits” section found in this year’s CDBG Program Manual.**
4. RE: “Data Reporting Information”
Ethnic Information is needed for data reporting purposes (e.g. If two Hispanic persons live in the household, then place the number “2” in the blank.)
5. RE: “Signature of Person Completing the Form”
This is the signature of the surveyor.
6. RE: “To Be Completed by Resident Providing Information”
The surveyor should ask the resident to complete this section of the survey form. This information is needed to allow for the validation of the survey information. The resident must either sign or initial the form.
7. Check the box in the bottom left corner of the survey form if the answer to Question 3 is determined to be “Below.” If so, this residency is to be considered a “low- to moderate-income household.”
8. RE: “Map House ID Number”
Indicate in this box the number of the house as identified on the corresponding survey map. This survey map should distinctly indicate low- and moderate-income households, non-residential structures, as well as, the area in which the improvements are proposed. This information is needed to validate the survey. **Note: Survey information will not be accepted unless it is tied to a corresponding map.**

GRANT SURVEY SUMMARY AND DISCLOSURE FORM

Applicant: _____

This form must be completed and signed by the surveyor(s) and the chief elected official of the applicant. Along with all associated survey forms, this document must be submitted on the designated application due date.

| County | Total # of Households | Total # of Beneficiaries | # of Low/Mod Beneficiaries | % of Low-Mod Beneficiaries |
|--------|-----------------------|--------------------------|----------------------------|----------------------------|
| | | | | |

| IDIS Numbers | Total | Hispanic | IDIS Numbers | Total | Hispanic |
|---------------------------------------------------------------|-------|----------|--------------------------------------|-------|----------|
| 11. White | | | 20. Other Multi-Racial | | |
| 12. Black/African American | | | 21. Female Heads of Household | | |
| 13. Asian | | | 22. Number of Minorities | | |
| 14. American Indian/Alaskan Native | | | 23. Number of Elderly (+62) | | |
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| 16. American Indian/Alaskan Native and White | | | 25. Number of Children 18 or Younger | | |
| 17. Asian and White | | | | | |
| 18. Black/African American and White | | | | | |
| 19. American Indian/Alaskan Native and Black/African American | | | | | |
| TOTAL (NUMBERS 1-20): | | | | | |

I hereby certify that, to the best of my knowledge, the above information, as well as information found in all grant survey forms pertaining thereto, are correct and has been gathered in an appropriate and ethical manner. I also understand that the intentional falsification of any survey information associated with this grant application shall immediately result in the disqualification of the applicant's immediate eligibility and possible future eligibility as determined appropriate by the Mississippi Development Authority. Additionally, I understand that any person intentionally falsifying survey information in connection with this or any other grant application shall be subject to the denial of participation in the CDBG Program and/or fined and/or imprisoned in accordance with state and federal statutes and regulations.

I hereby acknowledge that I have read and understand the above paragraph:

Surveyor 1: _____ Signature: _____
 (Please Print) (Date)

Surveyor 2: _____ Signature: _____
 (Please Print) (Date)

Surveyor 3: _____ Signature: _____
 (Please Print) (Date)

Note: If there are more than three (3) surveyors, this form should be copied and the remaining surveyors should sign accordingly.

Chief Elected Official: _____ Signature: _____
 (Please Print) (Date)