

Business Name:

The Town of North Manchester 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 of your business. If you have any questions concerning this survey, please call Adam Penrod at (260) 306-3540. Instructions can also be found on the back of this sheet.

1. Determine the correct number of person(s) in your family 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 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.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$ 36,150	\$ 41,300	\$ 46,450	\$ 51,600	\$ 55,750	\$ 59,900	\$ 64,000	\$ 68,150
Above ()	Above ()	Above ()	Above ()	Above ()	Above ()	Above ()	Above ()
Below ()	Below ()	Below ()	Below ()	Below ()	Below ()	Below ()	Below ()

The income limits listed in the boxes above are from the county of: Wabash County Stats Area updated 7/1/19

FAMILY RACIAL/ETHNIC INFORMATION		
Respondents may refuse to provide the following information by marking this box:		Refuse to Answer
ETHNICITY	NUMBER IN FAMILY	OF HISPANIC ORIGIN
White		
Black/African American		
Black/African American and White		
Asian		
American Indian/ Alaskan Native		
Native Hawaiian/ Other Pacific Islander		
American Indian/ Alaskan Native and White		
Asian and White		
American Indian/Alaskan/ Native and Black/African American		
Other Multi-Racial		
TOTAL PERSONS IN FAMILY		

FAMILY MAKE-UP:

Number of elderly or severely disabled family members- ELDERLY: _____ SEVERELY DISABLED: _____

Indicate with an "X" if a female head of household is present: YES _____ NO _____

Date this form was completed: _____

Employee Initials _____ Regular hours worked per week _____

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."