

**CITY OF SPARTANBURG  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
BENEFICIARY INFORMATION**

Please fill in **EACH** blank **completely**, **sign**, and **return** to the agency.

**PROGRAM NAME: REGENESIS CDC**

**DATE:** \_\_\_\_\_

**1. Beneficiary Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Phone Number)

**2. Address** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip County

**3. Ethnicity:** (select only one) Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

**4. Race:** Black/African American \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Asian \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_

American Indian/Alaskan Native & White \_\_\_\_\_ Asian & White \_\_\_\_\_ Other Multi-racial \_\_\_\_\_

Black/African American & White \_\_\_\_\_ American Indian/Alaskan Native & Black/African American \_\_\_\_\_

**5. Number of elderly in household (Age 62 and Older)** \_\_\_\_\_

**6. Number of disabled in household** \_\_\_\_\_

**7. Female head of household: (please check one)** Yes  No

**8. What is your gross taxable income for all household members 18 years of age and over?**

**GROSS HOUSEHOLD INCOME**

*First, choose the correct family size, and then check the pay range your gross household income fits in.*

FAMILY SIZE	ANNUAL INCOME					
	30% Limits	TOTAL	60% LIMITS	TOTAL	80% Limits	TOTAL
1	\$0-\$11950	_____	\$19950	_____	\$31850	_____
2	\$0-\$13650	_____	\$22800	_____	\$36400	_____
3	\$0-\$15350	_____	\$25650	_____	\$40950	_____
4	\$0-\$17050	_____	\$28450	_____	\$45500	_____
5	\$0-\$18450	_____	\$30750	_____	\$49150	_____
6	\$0-\$19800	_____	\$33050	_____	\$52800	_____
7	\$0-\$21150	_____	\$35300	_____	\$56450	_____
8 or more persons	\$0-\$22550	_____	\$35300	_____	\$60100	_____

**9. SIGNATURE:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**(All applicants must sign. If you are under 18, a Parent/Guardian signature is necessary.)**

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

ALL INFORMATION IS STRICTLY CONFIDENTIAL. To be completed by the individual and returned to agency.