Regenesis Community Development Corporation
CITY OF SPARTANBURG
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
BENEFICIARY INFORMATION FY2020 - 2021

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

PROGRAM NAME: _____**DATE:** _____

1. **Beneficiary Name:**_____
   (First) (Middle) (Last) (Phone Number)
2. **Address**_____
   Street Address
   _____ **Resident of City Limits**: Yes ☐ No ☐
   City State Zip

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		
	Extremely Low Limits	50% LIMITS TOTAL	80% Limits TOTAL
1	$0–$13,600 _____	$22,650	$36,250
2	$0–$15,550 _____	$25,900 ____	$41,400 ____
3	$0–$17,500 _____	$29,150	$46,600
4	$0–$19,400 _____	$32,350____	$51,750 ____
5	$0–$21,000 _____	$34,950	$55,900
6	$0–$22,550 _____	$37,550 ____	$6,050 ____
7	$0–$24,100 _____	$40,150 ____	$64,200 ____
8 or more persons	$0–$25,650 _____	$42,750____	$68,350 ____

9. **How was income verified: To be filled in by the Public Service only.**_____
10. **SIGNATURE:** _____ **Date of Birth**_____
11. **Reviewer/Approved by City Official**_____**Date**_____

(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.