## Name of Community City of Sesser

(Required on each income survey)

## Crosswalk Community Action Agency MINORITY BENEFIT DETERMINATION & HOUSING NEEDS SURVEY Page 1 of 2

Name:			
Address:			At a second seco
Date:	Phone:		
To help determine the	ne ethnic population of your locality, ple	ease check the app	ropriate category:
	<b>Ethnic Category</b>	<b>Total Persons</b>	# Also Hispanic
White			
Black/African Ameri	can		
Asian			
American Indian/Ala			
Native Hawaiian/Oth			
	skan Native and White		
Asian and White			
Black/African Ameri			
	skan Native and Black/African American		<u> </u>
Other Individuals Re	porting more than One Race		
	male headed household.  This information will not affective ople are living in the house?	ect funding detern	nination.
2. How many peo	pple are 62 years of age or older?		
3. How many per	sons with physical disabilities in the hor	usehold?	
4. Do you own yo	our home? or rent?		
_	family size, gross monthly income (ann income eligibility figures for your count		iths) is higher or

COUNTY: Franklin / Annual Income

CC	ONLE PIANKINI	Annual income
80% of median	Income Limit* 50% of Median	30% of median
\$31,500.00	\$19,700.00	\$11,800.00
\$36,000.00	\$22,500.00	\$13,500.00
\$40,500.00	\$25,300.00	\$15,200.00
\$44,950.00	\$28,100.00	\$16,850.00
\$48,550.00	\$30,350.00	\$18,200.00
\$52,150.00	\$32,600.00	\$19,550.00
\$55,750.00	\$34,850.00	\$20,900.00
\$59,350.00	\$37,100.00	\$22,550.00
	80% of median \$31,500.00 \$36,000.00 \$40,500.00 \$44,950.00 \$48,550.00 \$52,150.00 \$55,750.00	80% of median     50% of Median       \$31,500.00     \$19,700.00       \$36,000.00     \$22,500.00       \$40,500.00     \$25,300.00       \$44,950.00     \$28,100.00       \$48,550.00     \$30,350.00       \$52,150.00     \$32,600.00       \$55,750.00     \$34,850.00

Check whether income is lower than:  $\square$  80%  $\square$  50% or  $\square$  30% or  $\square$  Over Income

<sup>\*</sup>Use income limits indicated for your county as detailed in "Attachment B" (HUD Section 8 Income Guidelines). Use the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY-LOW INCOME" for 50%.

## MINORITY BENEFIT DETERMINATION & HOUSING NEEDS SURVEY Page 2 of 2

Yes No	
Date	
ONLY!	
*********	****
ural deficiency.	
eeded	
g – Drain/Waste/Vent	
g - Supply & Fixtures	
al Service & Distribution	
al Fixtures	
ction A Total (Max. 48)	
eeded	
Flooring	
7S	
Painting	
ction B Total (Max. 24)	
Total Points (A+B)	+
50	Total Points (A+B)

## **Letter of Support**

Date
To Whom It May Concern:
I, am interested in the housing rehabilitation program administered by Crosswalk Community Action Agency.  I fully support the efforts of this program.
Sincerely,
Name
Address
If you would like to write your own letter of support please do so below;
Date:
To Whom It May Concern: