**2024 LMI Sample Survey – Kansas Small Cities CDBG Program**

The City/County of       is conducting a survey to determine the need for improvements in public facilities and services. Some of the improvement projects may be eligible for Federal funding. Your answers will be kept confidential and a public hearing will be held regarding potential improvement projects prior to any grant applications being submitted.

1. Name and address or Number Identification Code:
2. How many persons live at this address? \_\_\_\_\_\_\_\_\_\_
3. How many persons are unrelated individuals (not members of a family)? \_\_\_\_\_\_\_\_\_\_
4. How many families (persons related by birth, marriage, or adoption) live at this address? \_\_\_\_\_\_\_\_

How many persons are in each family? Family 1 \_\_\_\_\_ Family 2 \_\_\_\_\_ Family 3 \_\_\_\_\_

**NOTE: If more than one family or unrelated individual lives at this address, please check the appropriate line for each family or unrelated individual.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FOR EACH FAMILY INDICATED ABOVE, PLEASE CHECK WHETHER YOUR TOTAL FAMILY INCOME IS ABOVE, BETWEEN OR BELOW THE INCOME FIGURES PROVIDED FOR YOUR FAMILY SIZE | | | | | | | |
|  | Income Limits | | | | | FAMILY #1 | FAMILY #2 |
|  | A  (30%) |  | B  (50%) |  | C  (80%) | FAMILY SIZE: \_\_\_\_\_\_\_ | FAMILY SIZE: \_\_\_\_\_\_\_ |
| 1 |  | TO |  | TO |  | Income below Column A | Income below Column A |
| 2 |  | TO |  | TO |  |  |  |
| 3 |  | TO |  | TO |  | Income between Column A & B | Income between Column A & B |
| 4 |  | TO |  | TO |  |  |  |
| 5 |  | TO |  | TO |  | Income between Column B & C | Income between Column B & C |
| 6 |  | TO |  | TO |  |  |  |
| 7 |  | TO |  | TO |  | Income above Column C | Income above Column C |
| 8 |  | TO |  | TO |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Race** |  | **Total Number Person(s)** | **Number Hispanic Origin** |
| White |  |  |  |
| Black/African American |  |  |  |
| Asian |  |  |  |
| American Indian/Alaskan Native |  |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |  |
| American Indian/Alaskan Native & White |  |  |  |
| Asian & White |  |  |  |
| Black/African American & White |  |  |  |
| American Indian/Alaskan Native & Black/African American |  |  |  |
| Balance/other |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Female Head of Household** |  | **Disabled** **1** |  |  |
| Yes  No  How many? \_\_\_\_\_\_\_\_ |  | Yes  No  How many? \_\_\_\_\_\_\_\_ |  |  |

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| 1A disabled person is defined as a person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such an impairment or is regarded as having such an impairment. |