



Name: _____

Family Income Total from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends and royalties.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	INCOME LIMITS			INCOME DETERMINATION
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	\$26,600	\$44,350	\$65,050	<input type="checkbox"/> Income below Column A <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income above Column C
2 <input type="checkbox"/>	\$30,340	\$50,650	\$74,350	
3 <input type="checkbox"/>	\$34,200	\$57,000	\$92,900	
4 <input type="checkbox"/>	\$38,000	\$63,300	\$92,900	
5 <input type="checkbox"/>	\$41,050	\$68,400	\$100,350	
6 <input type="checkbox"/>	\$44,100	\$73,450	\$107,800	
7 <input type="checkbox"/>	\$47,150	\$78,500	\$115,200	
8+ <input type="checkbox"/>	\$50,200	\$83,600	\$122,650	

RACE/ETHNICITY & DISABILITY STATUS

Do you have a handicap or disability? Yes No

Are you Hispanic? Yes No

Are you a female head of household? Yes No

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Please provide documentation to support loss of income for the timeframe for which funding is being requested. This may be unemployment insurance application or deposit, pay stub from before the pandemic and during to demonstrate loss wages, or a letter of termination/furlough from employer. Documentation must accompany your rental assistance application, and be emailed to:

Huntingtoncda-cdbqcv@huntingtonny.gov