

**Survey Form Number:** \_\_\_\_\_

The Village of New Lothrop is conducting this survey to obtain information necessary to apply for a Community Development Block Grant. It is extremely important to the success of this application that you complete this survey. If you have any questions concerning this survey, please call 810-638-5600.

- 1) Determine the correct number of persons in your family and circle that number in the appropriate box.
- 2) Look at the amount of money listed in the block that is circled. Is the total family income above or below that amount of money? (see instructions for calculating income)
- 3) Place a check after either "Above or Below" to match the appropriate answer in Question 2.

1	2	3	4	5	6	7	8
Person	Persons	Persons	Persons	Persons	Persons	Persons	Persons
\$30,900	\$35,300	\$39,700	\$44,100	\$47,650	\$51,200	\$54,700	\$58,250
Above ( )	Above ( )	Above ( )	Above ( )	Above ( )	Above ( )	Above ( )	Above ( )
Below ( )	Below ( )	Below ( )	Below ( )	Below ( )	Below ( )	Below ( )	Below ( )

The income limits listed in the boxes above are from the county of Shiawassee.

**FAMILY RACIAL/ETHNIC INFORMATION**

Respondents may refuse to provide the following information by marking this box: Refuse To Answer

	Number in Family	Of Hispanic Origin
White	<input type="text"/>	<input type="text"/>
Black/African American	<input type="text"/>	<input type="text"/>
Black/African American and White	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>
Native Hawaiian/Other Pacific Islander	<input type="text"/>	<input type="text"/>
American Indian/Alaskan Native and White	<input type="text"/>	<input type="text"/>
Asian and White	<input type="text"/>	<input type="text"/>
American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>
Other Multi-Racial	<input type="text"/>	<input type="text"/>
Total Persons In Family	<input type="text"/>	<input type="text"/>

**Family Make-up:**

Enter number of elderly or severely disabled family members.

Number of Elderly: \_\_\_\_\_ Number of Severely Disabled: \_\_\_\_\_

Indicate with an "X" if a female head of household is present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date this Form Was Completed: \_\_\_\_\_

\_\_\_\_\_ Check box if answer to Question 3 is "Below"