

**LACKAWANNA COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM QUESTIONNAIRE**



*Lackawanna County* is considering applying for federal funding to support this project. For the purpose of determining eligibility of the proposed community development project for funding, certain demographic information is needed for the project. The information below is necessary for each family that has been identified as benefiting from the proposed project. Each family should indicate the number of persons living in the family and whether family income exceeds or falls below the listed figure for the appropriate size family.

**FAMILY DEMOGRAPHIC 2021**

1. Please **CIRCLE** the number of persons in your family, keep in mind that it is possible to have one or more families in a residential structure. **See back of page for Family Definition.**
2. Please **CHECK** whether your family income is above or below the amount listed for your **CIRCLED** family size.

<b>1</b> Person	<input type="checkbox"/> A Below \$24,750	<b>5</b> Persons	<input type="checkbox"/> A Below \$38,150
	<input type="checkbox"/> B Above \$24,750 and Below \$39,550		<input type="checkbox"/> B Above \$38,150 and Below \$61,050
	<input type="checkbox"/> C Above \$39,550		<input type="checkbox"/> C Above \$61,050
<b>2</b> Persons	<input type="checkbox"/> A Below \$28,250	<b>6</b> Persons	<input type="checkbox"/> A Below \$40,950
	<input type="checkbox"/> B Above \$28,250 and Below \$45,200		<input type="checkbox"/> B Above \$40,950 and Below \$65,550
	<input type="checkbox"/> C Above \$45,200		<input type="checkbox"/> C Above \$65,550
<b>3</b> Persons	<input type="checkbox"/> A Below \$31,800	<b>7</b> Persons	<input type="checkbox"/> A Below \$43,800
	<input type="checkbox"/> B Above \$31,800 and Below \$50,850		<input type="checkbox"/> B Above \$43,800 and Below \$70,100
	<input type="checkbox"/> C Above \$50,850		<input type="checkbox"/> C Above \$70,100
<b>4</b> Persons	<input type="checkbox"/> A Below \$35,300	<b>8</b> Persons	<input type="checkbox"/> A Below \$46,600
	<input type="checkbox"/> B Above \$35,300 and Below \$56,500	or more	<input type="checkbox"/> B Above \$46,600 and Below \$74,600
	<input type="checkbox"/> C Above \$56,500		<input type="checkbox"/> C Above \$74,600

Please indicate if the **Head of your Household** is (check all that apply):

- Female                                       60 Years of Age or Older                                       Disabled

Please indicate your **Home Ownership**:

- Own                                       Rent                                       Rent/Lease to Own

Please indicate the **Ethnicity** of the head of your family (select *only one*):

- Hispanic or Latino                                       Not Hispanic or Latino

Please indicate the **Racial Characteristics** of your family (select one or more):

- White                                       Black or African American                                       Asian                                       American Indian or Alaska Native  
 Native Hawaiian or *Other* Pacific Islander                                       Other Multi-racial

**CERTIFICATION**

The undersigned hereby certifies that all information supplied on this survey is true and correct. Any false statements made knowingly and willfully may subject the undersigned to penalties under section 1001 and 1010 of Title 18 of the United States Code.

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Your Signature                                      Printed Name                                      Date

\_\_\_\_\_  
 Address                                      Phone Number

\_\_\_\_\_  
 Interviewer Signature (If in person)                                      Date

**Please return the completed survey form to:**  
*Survey - Lackawanna County Department of Economic Development  
 123 Wyoming Avenue, 5th Floor, Scranton, PA 18503*

For Office Use Only: <input type="checkbox"/> DTD <input type="checkbox"/> Phone <input type="checkbox"/> Mail
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*If more than one **family** resides at this address contact **Margaret Piccotti** at **(570)963-6830** for additional surveys.*

## **FAMILY**

Includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or
- (2) A group of persons residing together, and such group includes, but is not limited to:
  - (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - (ii) An elderly family;
  - (iii) A near-elderly family;
  - (iv) A disabled family;
  - (v) A displaced family; and
  - (vi) The remaining member of a tenant family.

Adult children who continue to live at home with their parent(s) are considered to be part of the family for this purpose and their income must be counted in determining the total family income. A dependent child who is living outside of the home (for example, students living in a dormitory or other student housing) is considered for these purposes to be part of the family upon which he/she is dependent, even though he/she is living in another housing unit.

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

