

**The City of Knox is conducting this survey to obtain information necessary for a Community Development Block Grant.**

- Determine the correct number of person(s) in your family and circle that number in the appropriate box below.
- 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?
- Place a check after either "Above" or "Below" to match the appropriate answer in Question 2.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150
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: Starke

<b>FAMILY RACIAL/ETHNIC INFORMATION:</b>		
<b>Respondents may refuse to provide the following information by marking this box: Refuse to Answer</b>		<input type="checkbox"/>
	<b>Number in Family</b>	<b>Of Hispanic Origin</b>
White		
Black/African American		
Black/African American and White		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/ Alaskan Native and White		
Asian and White		
American Indian/Alaskan Native and Black/African American		
Other Multi-Racial		
<b>TOTAL PERSONS IN FAMILY</b>		

**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

Name of Employee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Employee Signature : \_\_\_\_\_