

## Income Survey Summary

Community:  County:   
Benefit Area:   
Number of Households in Benefit Area:  Date of Section 8 Income Limits Used:   
Date Survey Started:  Date Survey Completed:

1. Number of non-LMI households interviewed

1.

2. Number of LMI households interviewed

2.

3. Total Number of Households Interviewed

3.

4. Number of persons in non-LMI households interviewed

4.

5. Number of persons in LMI households interviewed

5.

6. Total number of persons in households interviewed

6.

7. Estimated total population of Benefit Area  
(Line 6/Line 3 x # of households in Benefit Area)

7.

8. Estimated percentage of LMI households in  
Benefit Area (Line 5/Line 6)

8.

I hereby certify that this information is true and accurate to the best of my knowledge and that the survey was conducted in accordance with Program Policy Notice OCD 19-02 "Qualifying Community Development and Residential Public Infrastructure Projects using Community Development Block Grant National Objectives".

Chief Elected Official: \_\_\_\_\_ (Community Name)

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Print Name

Signature

Date

## Surveyor Agreement Form

Community: \_\_\_\_\_

County: \_\_\_\_\_

Benefit Area: \_\_\_\_\_

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I, the undersigned, when conducting a survey of the above-listed benefit area, agree to:

- Use the following standard language –  
My name is \_\_\_\_\_. I am working with \_\_\_\_\_ to collect data needed to complete an application for a community development grant. To do this, we must conduct a survey of the area. The information gathered by the survey will be confidential and only will be viewed by the local program administrator and the funding agency. The survey only requires you to indicate your approximate total household annual income (before taxes) for the current year and the number of persons residing in your household. Are you willing to participate in the survey?
- Use the applicant's prescribed survey methodology to randomly and evenly sample the entire benefit area;
- Use the **Confidential Income Survey** form and keep the information collected confidential; and
- Report information collected exactly as the respondents indicated.

Printed Name

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOW- AND MODERATE-INCOME (LMI)  
SAMPLE SIZE REQUIREMENTS**

Households*	Sample Size**	Households*	Sample Size**	Households*	Sample Size**
1	1	39	36	77	65
2	2	40	36	78	65
3	3	41	37	79	66
4	4	42	38	80	67
5	5	43	39	81	67
6	6	44	40	82	68
7	7	45	40	83	69
8	8	46	41	84	69
9	9	47	42	85	70
10	10	48	43	86	71
11	11	49	44	87	71
12	12	50	44	88	72
13	13	51	45	89	73
14	14	52	46	90	73
15	15	53	47	91	74
16	16	54	48	92	75
17	17	55	48	93	75
18	18	56	49	94	76
19	19	57	50	95	77
20	20	58	51	96	77
21	20	59	51	97	78
22	21	60	52	98	79
23	22	61	53	99	79
24	23	62	54	100	80
25	24	63	54	101-114	89
26	24	64	55	115-134	100
27	25	65	56	135-154	111
28	26	66	57	155-174	121
29	27	67	57	175-199	133
30	28	68	58	200-249	153
31	29	69	59	250-299	171
32	30	70	60	300-349	187
33	30	71	60	350-399	200
34	31	72	61	400-649	247
35	32	73	62	650-1199	300
36	33	74	62	1200-2699	348
37	34	75	63	2700+	400
38	35	76	64		

\*Number of households in service area

\*\*Required number of households surveyed for valid sample: Margin of error  $\leq$  5% at 90% confidence level

## Confidential\* Income Survey

Community: Conesville \_\_\_\_\_

County: \_\_\_\_\_ Coshocton

Benefit Area: \_\_\_\_\_

Address of Household \_\_\_\_\_

Total Number of Household Members (include yourself, spouse, children, etc.): \_\_\_\_\_

Income Range of Household  
(Total gross annual income of all persons)  
Check the box below that corresponds to your  
household's income range:

Income Limit Ranges**	
0 -	\$47,450
\$47,451 -	\$54,550
\$54,551 -	\$61,350
\$61,351 -	\$68,150
\$68,151 -	\$73,650
\$73,651 -	\$79,100
\$79,101 -	\$84,550
\$84,551 -	\$90,000
\$90,001 -	UP

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### For Local Community Development Block Grant Administrators Use Only

Survey Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

LMI Qualified: ☐ Yes ☐ No ☐ No Response\*\*\*

\* Information is "confidential" in that it is intended for use only by the local government staff administering this program and state agency personnel responsible for program oversight and that information and records will be released as permitted by state and federal law, pursuant to written request made by authorized persons in conformance with the Ohio Revised Code.

\*\* The Section 8 income limits are available on the Office of Community Development's Technical Assistance web page, under Grant Administration, and Data.

\*\*\* A good faith effort must be made to collect information from the "no response" household.