

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
 FY2018 APPLICATION: FORM R – LMI SURVEY INSTRUMENT

(MUST BE SUBMITTED WITH APPLICATION IF SURVEY CONDUCTED)

THE CITY/COUNTY OF _____ IS CONDUCTING A SURVEY TO DETERMINE THE NEED FOR THE IMPROVEMENTS IN PUBLIC FACILITIES, HOUSING, AND SERVICES. SOME OF THE IMPROVEMENT PROJECTS MAY BE ELIGIBLE FOR FEDERAL FUNDING. THIS SURVEY IS AN ELIGIBILITY REQUIREMENT FOR SUCH FUNDING. YOUR SURVEY ANSWERS WILL BE KEPT CONFIDENTIAL.					
1. PLEASE INDICATE THE NUMBER OF FAMILIES (PERSONS RELATED BY BIRTH, MARRIAGE, OR ADOPTION) LIVING AT THIS ADDRESS (AN UNRELATED INDIVIDUAL IS CONSIDERED A ONE-PERSON FAMILY, WHETHER LIVING ALONE OR WITH ANOTHER FAMILY).					
NUMBER OF FAMILIES:			TOTAL NUMBER OF PERSONS:		
2. HOW MANY IN EACH FAMILY:		#1		#2	
		#3			
3. FOR EACH FAMILY INDICATED ABOVE, PLEASE CHECK WHETHER YOUR TOTAL FAMILY INCOME IS ABOVE, BETWEEN, OR BELOW THE INCOME FIGURES PROVIDED FOR YOUR FAMILY SIZE.					
Family Size	Income Limits				
	A (30%)	B (50%)	C (80%)		
1	_____	TO _____	TO _____	FAMILY #1	
2	_____	TO _____	TO _____	FAMILY SIZE: _____	
3	_____	TO _____	TO _____	<input type="checkbox"/> Income Above Column C	
4	_____	TO _____	TO _____	<input type="checkbox"/> Income between Column B & C	
5	_____	TO _____	TO _____	<input type="checkbox"/> Income between Column A & B	
6	_____	TO _____	TO _____	<input type="checkbox"/> Income below Column A	
7	_____	TO _____	TO _____		
8	_____	TO _____	TO _____	FAMILY #2	
4. HOW MANY PERSONS AT THIS ADDRESS ARE:					
FEMALE HEADS OF HOUSEHOLD?			CHILDREN AGE SIX YEARS AND UNDER?		
OVER THE AGE OF 62?			HANDICAPPED/DISABLED?		
5. TO HELP DETERMINE THE POPULATION CHARACTERISTICS OF THE PROJECT AREA, PLEASE INDICATE THE NUMBER OF PERSONS AT THIS ADDRESS THAT ARE:					
HISPANIC OR LATINO:					
NOT HISPANIC OR LATINO:					
6. TO FURTHER HELP DETERMINE THE POPULATION CHARACTERISTICS OF THE PROJECT AREA, PLEASE INDICATE THE NUMBER OF PERSONS AT THIS ADDRESS THAT ARE:					
WHITE:			ASIAN & WHITE:		
BLACK/AFRICAN AMERICAN:			BLACK/AFRICAN AMERICAN & WHITE:		
ASIAN:			AM. INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AM.:		
AMERICAN INDIAN/ALASKAN NATIVE:			ASIAN & NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:			ALL OTHERS:		
AMERICAN INDIAN/ALASKAN NATIVE & WHITE:					
7. DATE:		TELEPHONE NUMBER (If survey conducted by telephone):			
		SIGNATURE (OPTIONAL):			