

**FAMILY INCOME STATEMENT – HHS GUIDELINES
USE FOR ALL COUNTIES EXCEPT
WASHINGTON, LAMOILLE, AND ORANGE**

Name of Assisted Business: _____

Contact: _____

Phone: _____

	1 person	2 person	3 person	4 person	5 person	6 person	7 person
Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$15,315	\$20,535	\$25,755	\$30,975	\$36,195	\$41,415	\$46,635
Below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To calculate your family income, include the income of all members of your family living in and supporting the same household. Add together the total income for the last six months and multiply by two; this is your annualized family income. Choose the column for the number of persons in your household. Check the box to show whether your annualized income is above or below the incomes listed. **The information provided is correct to the best of my knowledge. I understand that this information may be verified.**

Name (print): _____

Address: _____

Signed: _____

Date: _____

Please indicate in the box(es) below which apply to you:

- Female Head-of-Household
- Handicapped
- White
- Black/African-American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- Asian and White
- Black African American and White
- American Indian/Alaskan Native and Black African American
- Other multi-racial: _____

NOTE: This business is being assisted through Community Capital of Vermont and the Vermont Community Development Program. This form must be filled out to comply with Federal and State guidelines.