



Family Income Form (3/15)

(1) Resident of: City of Ithaca, NY: _____ Tompkins County, NY: _____
Other County (Specify: _____)

The Ithaca Health Alliance receives money for Ithaca Free Clinic from Federal Community Development Block Grant Funding. As a result we are required to obtain this information. Your healthcare provider will not see this form.

(2) Name: _____
Address: _____

(3) Instructions: Determine your **family size** by counting yourself and each individual who **currently** resides with you within the same housing unit and shares expenses. Enter the number in the space provided.

Family Size: _____

Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who currently resides with you and check the box for the appropriate range.

Family Income:

Below	\$16,250	_____	\$41,701	-	\$43,250	_____	
\$16,251	-	\$18,550	_____	\$43,251	-	\$44,800	_____
\$18,551	-	\$20,850	_____	\$44,801	-	\$47,900	_____
\$20,851	-	\$24,250	_____	\$47,901	-	\$49,400	_____
\$24,251	-	\$27,050	_____	\$49,401	-	\$51,000	_____
\$27,051	-	\$28,410	_____	\$51,001	-	\$55,600	_____
\$28,411	-	\$30,900	_____	\$55,601	-	\$61,750	_____
\$30,901	-	\$32,570	_____	\$61,751	-	\$66,700	_____
\$32,571	-	\$34,750	_____	\$66,701	-	\$71,650	_____
\$34,751	-	\$36,730	_____	\$71,651	-	\$76,600	_____
\$36,731	-	\$38,600	_____	\$76,601	-	\$81,550	_____
\$38,601	-	\$40,890	_____	Over		\$81,550	_____
\$40,891	-	\$41,700	_____				

- Check** if you are a female head of household: _____
- Check** if you are at least 62 years old: _____
- Check** if you are a person with a disability: _____
- Check** if you are currently unemployed: _____

Racial Categories:

- _____ White
- _____ Black / African American
- _____ Asian
- _____ American Indian / Alaskan Native
- _____ Native Hawaiian / Other Pacific Islander
- _____ American Indian / Alaskan Native and White
- _____ Asian and White
- _____ Black / African American and White
- _____ American Indian / Alaskan Native and Black
- _____ Other (Specify: _____)

Also check the following if applicable:
Hispanic: _____

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the U. S. Department of Housing and Urban Development.

(4) I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature: _____ Date: _____