

Address: _____

Email (Optional): _____

LMI SURVEY INSTRUMENT

Method of Distribution:

- Email
- Door-to-Door
- At Village Office (In-Person)
- Telephone
- Mail
- Modified Door-to-Door

(MUST BE SUBMITTED WITH APPLICATION IF SURVEY CONDUCTED)

THE _____ 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:		
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2. HOW MANY IN EACH FAMILY:	#1	#2	#3
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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			FAMILY #1	FAMILY #2
	A (30%)	B (50%)	C (80%)		
1	_____	TO _____	TO _____	FAMILY SIZE: _____	FAMILY SIZE: _____
2	_____	TO _____	TO _____	Income Above Column C	Income Above Column C
3	_____	TO _____	TO _____	Income between Column B & C	Income between Column B & C
4	_____	TO _____	TO _____	Income between Column A & B	Income between Column A & B
5	_____	TO _____	TO _____	Income below Column A	Income below Column A
6	_____	TO _____	TO _____		
7	_____	TO _____	TO _____		
8	_____	TO _____	TO _____		

4. HOW MANY PERSONS AT THIS ADDRESS ARE:

FEMALE HEADS OF HOUSEHOLD?	CHILDREN AGE SIX YEARS AND UNDER?
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OVER THE AGE OF 60?	HANDICAPPED/DISABLED?
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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:
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BLACK OR AFRICAN AMERICAN:	BLACK OR AFRICAN AMERICAN & WHITE:
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ASIAN:	AMERICAN INDIAN/ALASKAN NATIVE & BLACK OR AFRICAN AMERICAN:
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AMERICAN INDIAN/ALASKAN NATIVE:	ASIAN & NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:
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NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:	ALL OTHERS:
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AMERICAN INDIAN/ALASKAN NATIVE & WHITE:	
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7. DATE:	TELEPHONE NUMBER (If survey conducted by telephone):
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	SIGNATURE (OPTIONAL):
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