

**UPSON COUNTY 2021  
HOUSEHOLD SURVEY FOR PROPOSED  
COMMUNITY DEVELOPMENT BLOCK GRANT**

Household Survey #: \_\_\_\_\_

Interviewer: \_\_\_\_\_

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

Household Address (Please Print): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Upson County is conducting this survey to obtain information necessary to apply for a Georgia Community Development Block Grant to assist with water system improvements to replace an old well system and improve water quality. It is extremely important to the success of this application that you complete the following survey. **All information collected is kept strictly confidential.**

| HOUSEHOLD RACIAL AND ETHNIC INFORMATION                   |                                    |                          |
|---|------------------------------------|--------------------------|
| Racial/Ethnic Group                                       | Number of Persons in the Household | Hispanic Origin (Yes/No) |
| White   |                                    |                          |
| Black/African American                                    |                                    |                          |
| 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 African American |                                    |                          |
| Other Multi-Racial  |                                    |                          |
| <b>TOTAL PERSONS SERVED</b>                               |                                    |                          |

For purposes of determining benefit to low and moderate income persons, we need to know the total gross household income for your family. Choose the number of individuals in your household, and on the line the represents that total number, **please circle the income**

| Total Persons in Household | INCOME LEVEL 1   | INCOME LEVEL 2      | INCOME LEVEL 3      | INCOME LEVEL 4   |
|----------------------------|------------------|---------------------|---------------------|------------------|
| 1                          | \$11,500 or less | \$11,501 - \$19,150 | \$19,150 - \$30,650 | \$30,651 or more |
| 2                          | \$13,150 or less | \$13,151 - \$21,900 | \$21,900 - \$35,000 | \$35,001 or more |
| 3                          | \$14,800 or less | \$14,801 - \$24,650 | \$24,651 - \$39,400 | \$39,401 or more |
| 4                          | \$16,400 or less | \$16,401 - \$27,350 | \$27,351 - \$43,750 | \$43,751 or more |
| 5                          | \$17,750 or less | \$17,751 - \$29,550 | \$29,551 - \$47,250 | \$47,251 or more |
| 6                          | \$19,050 or less | \$19,051 - \$31,750 | \$31,751 - \$50,750 | \$50,751 or more |
| 7                          | \$20,350 or less | \$20,351 - \$33,950 | \$33,951 - \$54,250 | \$54,251 or more |
| 8                          | \$21,650 or less | \$21,651 - \$36,150 | \$36,151 - \$57,750 | \$57,750 or more |

**ADDITIONAL QUESTIONS:**

- |   |               |                         |
|---|---------------|-------------------------|
| 1. Enter the number of adult and children residing in this household: | _____ Adults  | _____ Children under 18 |
| 2. Enter the number of elderly or handicapped household residents:    | _____ Elderly | _____ Handicapped       |
| 3. In with an "X" if the head of household is a female:               | _____ Yes     | _____ No                |
| 4. Do you have Limited English Proficiency?                           | _____ Yes     | _____ No                |
| 5. Do you have issues with water or plumbing?                         | _____ Yes     | _____ No                |
| 6. Occupancy Status:  | _____ Owner   | _____ Renter            |

**I certify that my household size and household income indicated above are correct and accurate.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Thank you for completing this survey. The information will assist in applying for a Community Development Block Grant and will be kept absolutely confidential. Your response does not obligate you in any way. If you have questions, please call the Water Department at 706-647-3513.*