

ALLEGHENY COUNTY
2024 INCOME GUIDELINES

Income Limits Subject to Change by HUD

Household Size	30% Area Median Income	50% Area Median Income	80% Area Median Income
1	\$21,250	\$35,450	\$56,700
2	\$24,300	\$40,500	\$64,800
3	\$27,350	\$45,550	\$72,900
4	\$30,350	\$50,600	\$80,950
5	\$32,800	\$54,650	\$87,450
6	\$35,250	\$58,700	\$93,950
7	\$37,650	\$62,750	\$100,400
8	\$40,100	\$66,800	\$106,900

NOTE: A project will be re-evaluated for eligibility if there are any deviation(s) from the submitted application's scope of work or project location(s).

**ALLEGHENY COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
2024 INCOME LEVELS
Income Limits Subject to Change by HUD**

INDIVIDUAL HOUSEHOLD SURVEY FORM

For the purpose of determining eligibility for proposed community development improvement projects to be funded by HUD in your area, the following information is necessary. Each household should indicate the number of persons living in the residence and whether total gross household income exceeds or falls below the listed figure for that size household.

Check one	Household Size/Income Level	
	1 Person.. Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$56,700
	2 Persons.. Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$64,800
	3 Persons.... Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$72,900
	4 Persons.... Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$80,950
	5 Persons.... Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$87,450
	6 Persons.... Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$93,950
	7 Persons.... Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$100,400
	8 Persons.... Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$106,900

Project Name: _____

Household Address: _____

Street _____ Apt. No. _____

City _____ State _____ Zip _____

Check if Applicable:

- Household Occupant(s) Not Home
- Household Occupant(s) Refused To Complete Survey

Interviewer's Printed Name

Interviewer's Signature

Date

NOTE: A project will be re-evaluated for eligibility if there are any deviation(s) from the submitted application's scope of work or project location(s).

**ALLEGHENY COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

Income Limits Subject to Change by HUD

HOUSEHOLD SURVEY SUMMARY SHEET

This form should be completed and returned to ACED upon obtaining individual household survey information for each project service area in which Community Development Block Grant Funds are intended to be used.

- 1. _____

ACS Census Tract in Which Project is Located	Block Group Number (Required for household surveys)
--	--
- 2. _____
Municipality in Which Project is Located
- 3. _____
Project Name
- 4. Project Service Area (Defined as an area which directly benefits by the implementation of the project).
Specify boundaries.
- 5. Total Number of actual households in Project Service Area benefiting from this project. _____
- 6. Total Number of households surveyed (Total from Column B and C on Page 4) _____

NOTE: A project will be re-evaluated for eligibility if there are any deviation(s) from the submitted application's scope of work or project location(s).

7. Based on Individual Household Surveys, please complete the following chart:

A	B	C	
_____ Total Number of 1 Person Households	_____ Above	_____ Below	\$56,700
_____ Total Number of 2 Person Households	_____ Above	_____ Below	\$64,800
_____ Total Number of 3 Person Households	_____ Above	_____ Below	\$72,900
_____ Total Number of 4 Person Households	_____ Above	_____ Below	\$80,950
_____ Total Number of 5 Person Households	_____ Above	_____ Below	\$87,450
_____ Total Number of 6 Person Households	_____ Above	_____ Below	\$93,950
_____ Total Number of 7 Person Households	_____ Above	_____ Below	\$100,400
_____ Total Number of 8 Person Households	_____ Above	_____ Below	\$106,900
_____ Total Number of Households (Refusals)			
_____ Total Number of Households (Not Home)			
_____ Total (Same as #6 – Page 3)	_____ Total	_____ Total	

ANY FALSE STATEMENTS MADE KNOWINGLY AND WILLFULLY MAY SUBJECT THE SIGNER TO PENALTIES UNDER SECTION 1001 OT TITLE 18 OF THE UNITED STATES CODE.

Print Name of Authorized Official

Signature of Authorized Official

Title

Date

NOTE: *The percentage of benefit to low/ moderate income households is calculated on the total number of households in the service area – not just those households surveyed. Vacant properties ARE NOT to be included in the service area, but need to be identified on the map.*

However, since the National Objective of low/moderate income benefit is based on persons, not households, ACED will convert all households in the service area to total persons in order to determine eligibility.

NOTE: *A project will be re-evaluated for eligibility if there are any deviation(s) from the submitted application’s scope of work or project location(s).*