

Our program has benefited from funding provided by the City of Manchester Community Improvement Program, through the U.S. Housing and Urban Development Community Development Block Grant Program. The Program requests income verification and other statistics from applicants. This information will not be shared and will remain confidential.

Member Name(s) _____

☐ Male ☐ Female ☐ Non-Binary ☐ Transgender ☐ Other: _____

HUD FY 2026 INCOME GUIDELINES:	2026 MEDIAN FAMILY INCOME MUST CIRCLE ONE BELOW		
	FAMILY SIZE		
	1 PERSON	\$0-24,050	\$24,051-40,050
	2 PERSON	\$0-27,450	\$27,451-45,800
	3 PERSON	\$0-30,900	\$30,901-51,500
	4 PERSON	\$0-34,300	\$34,301-57,200
	5 PERSON	\$0-37,050	\$37,051-61,800
	6 PERSON	\$0-41,960	\$41,961-66,400
	7 PERSON	\$0-47,340	\$47,431-70,950
	8+ PERSON	\$0-52,720	\$52,721-75,550

For Member Only (please check only one)	
RACE	ETHNICITY
<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> American Indian/Alaskan Native & White	
<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	
<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Other Multi Racial	

_____ Total Number Living in Household

- ☐ Female Head of Household
☐ Member Disabled

Does the member have any special/medical needs? _____

Home Address: _____

I declare that all information provided above regarding household income is true and correct. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud.

Parent/Guardian Signature: _____ Date: _____