

# BEAUMONT

T E X A S

City of Beaumont Community Development

## EXHIBIT 2

### Client Intake Data Form

The following statistical information is required by the United States Department of Housing and Urban Development (HUD). It is required that every social service agency that receives Community Development Block Grant (CDBG) funds fill out a monthly Direct Benefit Activities report. This information will be used to process our annual Grantee Performance Report. The information provided on this form is pertinent for future funding of this program. If this program is for persons under the age of eighteen, this questionnaire must be filled out by a parent or legal guardian. **THIS INFORMATION IS STRICTLY CONFIDENTIAL.**

Client: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Address: \_\_\_\_\_

1. Have you used this program, and completed an Intake Form, since July 1<sup>st</sup> of the current year?  
Yes: \_\_\_\_ No: \_\_\_\_ (If you answered yes, please do not complete the rest of this questionnaire).
2. Marital Status: Single: \_\_\_\_ Married: \_\_\_\_ Divorced: \_\_\_\_ Widowed: \_\_\_\_ (Check one)
3. Female Head of Household: Yes or No (Circle one)
4. List names/age/race and ethnicity of all family members residing in the household:

(Circle Y/N)

Name	Age	Race	Hispanic/Latino	Disabled
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No
_____	_____	_____	Yes/No	Yes/No

If you have more than (8) in the family, just complete an additional sheet and attach to this one.

**Ethnicity:** Hispanic/Latino — a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**Race:** White, Black/African American, American Indian/Alaskan Native, Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian, Samoan, Other Pacific Islander and Other

5. Total number of people in your Household: \_\_\_\_ **Circle** your total annual income in the table below:

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
A	30% of Median	\$14,200	\$16,200	\$18,250	\$20,250	\$21,900	\$23,500	\$25,150	\$26,750
B	30% of Median	\$23,650	\$27,000	\$30,400	\$33,750	\$36,450	\$39,150	\$41,850	\$44,550
C	80% of Median	\$37,800	\$43,200	\$48,600	\$54,000	\$58,350	\$62,650	\$67,000	\$71,300

The table above represents income limits based on percentages of Beaumont's median income:

Effective 7/1/2024; Income limits are published annually by the H. S. Department of Housing and Urban Development

Agency Staff Signature/Date of Intake: \_\_\_\_\_/\_\_\_\_\_

Effective: January 1, 2024