

Project Number: _____, PC Contract # _____

Step 3. Income Status – Table #2

- For clients identified in Table #1 above, enter the number in each income category per the Income Level Summary below.
- The totals for each quarter in table #2 should match the totals from table #1.
- **The final total should represent the number of clients projected in your contract.**

Table # 2

Income Level	1st	2nd	3rd	4th
Extremely low-income				
Very-Low income				
Low-income				
Remainder of clients				
TOTAL				

FY 2009 Income Limits Summary

NOTE: HUD will publish a new summary in March, 2010 which will then be the definition to use. Please check their website: <http://www.huduser.org/datasets/il.html>

2009 HUD Definitions			
Family Size	Extremely Low Income (30%)	Very Low Income (50%)	Low (80%)
1 (Person)	14,300	23,850	38,150
2 (Person)	16,350	27,250	43,600
3 (Person)	18,400	30,650	49,050
4 (Person)	20,450	34,050	54,500
5 (Person)	22,100	36,750	58,850
6 (Person)	23,700	39,500	63,200
7 (Person)	25,350	42,200	67,600
8 (Person)	27,000	44,950	71,950

If the final total falls short of the client numbers projected in your contract, please provide an explanation in the box below.

Explanation:

What were the final funding source amounts in the categories below?

All Funding Sources of program	CDBG Award	ESG Award	Other Federal	State and/or Local	Private Funding	Other Pending	Project Total
Totals at year end	\$0	\$0	\$0	\$0	\$0	\$0	\$

Person completing the form: _____
(Printed Name & Title)

Signed: _____ DATE: _____
(Signature)

STOP HERE IF YOU RECEIVED CDBG FUNDING ONLY.

ESG PROVIDERS

If you provide emergency or transitional shelters with an Emergency Shelter Grant(ESG), please continue.

FY 20?? Agency Name: _____ Project Name: _____

Contact Person: _____, Phone: _____

Project Number: _____, PC Contract # _____ BARS: _____

Step 4. Shelter Clients

- Check quarterly report period represented.
- Complete client information for each category for the reporting period.
- NOTE: The total number of households (single households, + family households with children, + family households with no children = totals in both Table 1 and 2) should match the totals in the previous tables.

1st qtr. ending Sept. due Oct. 15

2nd qtr. ending Dec. due Jan. 15

3rd qtr. ending March due April 15

4th qtr. ending June due July 15

1. Cumulative number of individual households (singles):

Unaccompanied 18 and over

Male	1st	2nd	3rd	4th	Female	1st	2nd	3rd	4th
Totals									

Unaccompanied under 18

Male	1st	2nd	3rd	4th	Female	1st	2nd	3rd	4th
Totals									

2. Cumulative number of family households with children headed by:

Single

18 and over

Male	1st	2nd	3rd	4th	Female	1st	2nd	3rd	4th
Totals									

Single under 18

Male	1st	2nd	3rd	4th	Female	1st	2nd	3rd	4th
Totals									

Two Parents 18 and over

Male	1st	2nd	3rd	4th	Female	1st	2nd	3rd	4th
Totals									

Two Parents under 18

Male	1st	2nd	3rd	4th	Female	1st	2nd	3rd	4th
Totals									

3. Cumulative Number of *children* in all households:

Quarter	1st	2nd	3rd	4th
Total				

4. Cumulative number of family households with no children:

Quarter	1st	2nd	3rd	4th
Total				

3. List the **cumulative number (running totals)** of persons for each subpopulation you served. If you served subpopulations that fit more than one category, you may place overlapping numbers on the appropriate lines. A single client may have multiple issues and be counted in several categories. **Not all of your clients** may be identified with these categories.

Subpopulation	1st	2nd	3rd	4th
# of persons housed cumulative by Quarters:				
Chronically Homeless (Emergency Shelter only):				
Severely Mentally Ill:				
Chronic Substance Abuse:				
Other Disability:				
Veterans:				
Persons with HIV/AIDS:				
Victims of Domestic Violence:				
Elderly:				
TOTALS				

5. **Cumulative** number served in Emergency or Transitional Shelters. The totals should match the numbers in tables # 1 & 2. **Each client listed in table # 1** should be counted in one of the below categories.

Shelter Type	1st	2nd	3rd	4th
# of persons housed cumulative by Quarters:				
Barracks:				
Group/Large House:				
Scattered Site Apartment:				
Single Family Detached House:				
Single Room Occupancy:				
Mobile Home/Trailer:				
Hotel/Motel:				
Other:				
Total:				

6. **ESG, FOURTH QUARTER ONLY: What was the final amount of your matching funds for this project?**

\$ ____

\$ _____ (Matching funds) and list source(s) _____

What were the final funding source amounts in the categories below?

All Funding Sources of program	CDBG Award	ESG Award	Other Federal	State and/or Local	Private Funding	Other Pending	Project Total
Totals at year end	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Person completing the form: _____
(Printed Name & Title)

Signed: _____ DATE: _____
(Signature)