**Town of SAMPLE**

Special Income Survey Questionnaire

All residents within the Legal town limits.

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| --- |
| TOTAL ANNUAL HOUSEHOLD INCOME for the last calendar year. (a worksheet is attached to this survey to assist you in calculating income) Check ONE box only! **[ ]** Less than $28,150 **[ ]** $28,151 to $32,150 **[ ]** $32,151 to $36,150 **[ ]** $36,151 to $40,150 **[ ]** $40,151 to $43,400 **[ ]** $43,401 to $46,600 **[ ]** $46,601 to $49,800 **[ ]** $49,801 to $53,000 **[ ]** $53,000 or more |
| TOTAL NUMBER OF PERSONS LIVING IN HOUSEHOLD:**[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 or more** |
|  |
| The following demographic information is optional but will prove helpful to the Town. |
| Ages of household members: | Below 19 years old       persons20 - 59 years old       persons60 years or older       persons |
| Number of disabled persons in the household: |       persons |
| Female Head of Household: | Yes [ ]  No [ ]  |

Note: ***If there is more than one family living in the household, please call Alan Urban, 480-474-9300 to request an additional questionnaire. Each family must complete a separate questionnaire form.***

|  |
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|  Bottom portion will be removed  |

I, [ ] verify that this information is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Address

**Town of SAMPLE**

Special Income Survey

Income Worksheet

This form is provided for your convenience to help you determine annual household income. This worksheet is for your information only and should not be returned with the survey form.

Include all income received by all members of the household during the last calendar year.

|  |  |
| --- | --- |
| Salaries before payroll deductions: |       |
|  |       |
|  |       |
| Income from a business: |       |
| Interest Income |       |
| Dividend income |       |
| Social Security |       |
| Pension Payments |       |
| Unemployment Compensation |       |
| Welfare Payments |       |
| Alimony and/or Child Support |       |
| Other: |       |
| **TOTAL INCOME:** |       |

*Please keep in mind that income from food stamps, insurance reimbursements, or gifts not received*

 *on a regular basis, and scholarships should not be included.*