

Ohio Department of Development
Community Development Division
Office of Housing and Community Partnerships
77 South High Street, Columbus, Ohio 43216
Telephone Number: (614) 466-2285
Fax Number: (614) 752-4575

NOTICE: OHCP 08-03
REPLACES: OHCP 03-03

SUBJECT: Office of Housing and Community Partnerships (OHCP) Income Survey Requirements

ISSUED: April 1, 2008

DISTRIBUTED TO: OHCP Award Recipients and Their Affiliates

POLICY

The following Office of Housing and Community Partnerships (OHCP) policy modifies the income survey requirements for OHCP-administered programs.

Income Survey Requirements

If a proposed activity's benefit area is **contiguous** with Census tracts, blocks or political subdivision areas and the applicant completed the entire income survey within five years of the application submission deadline, which qualifies the activity, the applicant may include the activity in the application without further income eligibility documentation, **unless** less than 41 percent of the households within the benefit area have low and moderate incomes (LMI) according to the 2000 Census.

If less than 41 percent of the benefit area is LMI, then the applicant must provide OHCP with documentation indicating the Census data is not reflective of the benefit area (e.g., recent business closings, unemployment data or other indicators that demonstrates that the economic situation in the benefit area has changed since the 2000 Census data was collected, or that the Census data does not reflect the actual demographic or income characteristics of residents in the benefit area). NOTE: The applicant must contact OHCP for additional clarification regarding the required documentation prior to submitting an application.

If a proposed activity's benefit area is **noncontiguous** with Census tracts, blocks or political subdivision areas (e.g., a benefit area that is comprised of parts of two or more Census blocks), a community may include the activity in the application without further income eligibility documentation if the benefit area was surveyed within five years of the application submission deadline. Surveys conducted prior to a decennial U.S. census will not be considered valid once the U.S. census results are available.

Note: The original date on the ***Income Survey Summary*** (see attached) will be considered the date the income survey was conducted. The time span during which the survey is being conducted can not exceed three months.

Confidential Income Survey

Only persons who read, comprehend and execute a **Surveyor Agreement Form** (see attached) may conduct surveys.

To conduct a survey, applicants must:

- define the service area: What are the boundaries of the service area? What is the size of the population for which you are calculating the percentage of persons who are LMI?
- determine the sample size: determine the appropriate number of households to be surveyed based on OHCP's **Minimum Sample Size Requirements** (see attached). If the minimum income survey sample size can not be obtained, the applicant can count the non-responses as non-LMI households. The household sizes will be the average non-LMI household size as calculated from the survey responses.
- randomly select the sample: Make sure you add households to replace refusals and that the entire service area is covered—that is, be certain that you have not excluded certain areas or groups of people. Commercial (retail and industrial) sites, vacant lots and abandoned and vacant homes should be excluded from the sample because they do not have any effect on the outcome of the survey. Use an acceptable random selection method and decide the number of attempts and replacement procedures to be used. Ascertain that the selection of subjects to be included in the sample and replacement procedures are structured to avoid bias; for example, daytime or weekday attempts may skew response rates in favor of unemployed, retired, or single income families. If an applicant is required or chooses to conduct a census of the entire population, it must contact all of the households in the target area. All non-responses are to be considered non-LMI households. The non-responsive household sizes are estimated to be the same as the average non-LMI household, as calculated from the survey responses.
- use **Confidential Income Survey, Income Survey Summary** and **Surveyor Agreement Forms** (see attached) to collect survey data;
- collect income data that is the gross, annual total household income;
- report information collected exactly as the respondents indicated; and
- use the current Section 8 income limits to determine the number and percent of low- and moderate-income households in a benefit area. The Section 8 income limits are available on OHCP's Web site -- <http://www.odod.state.oh.us/cdd/ohcp> -- under "Data."

Income Survey Summary

- An **Income Survey Summary** must verify that at least 51 percent of persons in the benefit area are LMI.

Income Survey Summary

Community: _____

County: _____

Benefit Area: _____

Survey Date: _____

Date of Section 8 Income Limits Used: _____

Describe Survey Methodology: _____

- | | |
|---|----------|
| 1. Enter the Estimated total number of households in the service area | 1. _____ |
| 2. Enter the total number of households interviewed | 2. _____ |
| 3. Enter the total number of persons in the households interviewed | 3. _____ |
| 4. Enter the total number of persons in the households interviewed who are low- and moderate-income persons | 4. _____ |
| 5. Divide Line 4 by Line 3 | 5. _____ |
| 6. Multiply Line 5 by 100. This is the percentage of LMI persons in the service area | 6. _____ |

Surveyor Agreement Form

Community: _____ County: _____
Benefit Area: _____

I, the undersigned, when conducting a survey of the above-listed benefit area, agree to:

- use the following standard language --
My name is _____. I am working with _____ to collect data needed to complete an application for a community development grant. To do this, we must conduct a survey of the area. The information gathered by the survey will be confidential and only will be viewed by the local program administrator and the funding agency. The survey only requires you to indicate your approximate total household annual income (before taxes) for the current year and the number of persons residing in your household. Are you willing to participate in the survey?

- use the applicant's prescribed survey methodology to randomly and evenly sample the entire benefit area;

- use the ***Confidential Income Survey*** form and keep the information collected confidential; and

- report information collected exactly as the respondents indicated.

Name	Signature	Date
_____	_____	_____

LMI SURVEY

MINIMUM SAMPLE SIZE REQUIREMENTS

HH*	SAMPLE SIZE**	HH*	SAMPLE SIZE**	HH*	SAMPLE SIZE**
1	1	39	36	77	65
2	2	40	36	78	65
3	3	41	37	79	66
4	4	42	38	80	67
5	5	43	39	81	67
6	6	44	40	82	68
7	7	45	40	83	69
8	8	46	41	84	69
9	9	47	42	85	70
10	10	48	43	86	71
11	11	49	44	87	71
12	12	50	44	88	72
13	13	51	45	89	73
14	14	52	46	90	73
15	14	53	47	91	74
16	15	54	48	92	75
17	16	55	48	93	75
18	17	56	49	94	76
19	18	57	50	95	77
20	19	58	51	96	77
21	20	59	51	97	78
22	21	60	52	98	79
23	22	61	53	99	79
24	23	62	54	100	80
25	24	63	54	101-114	89
26	24	64	55	115-134	100
27	25	65	56	135-154	111
28	26	66	57	155-174	121
29	27	67	57	175-199	133
30	28	68	58	200-249	153
31	29	69	59	250-299	171
32	30	70	60	300-349	187
33	30	71	60	350-399	200
34	31	72	61	400-649	247
35	32	73	62	650-1199	300
36	33	74	62	1200-2699	348
37	34	75	63	2700+	400
38	35	76	64		

*HH means households in benefit area.

** Minimum sample size for valid survey. This means actual number of households surveyed.

Confidential* Income Survey

Community: _____ County: _____

Benefit Area: _____

Address of Household _____

Total Number of Household Members (include yourself, spouse, children, etc.): _____

Income Range of Household

(Total Gross Annual Income of All Persons)

Check the box below that corresponds to your household's income range:

Income Limit Ranges**

_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>
_____	-	_____	<input type="checkbox"/>

For Local CDBG Administrators Use Only

Date of Survey: _____

Name of Surveyor: _____

LMI Qualified: Yes No No Response***

* Information is "confidential" in that it is intended for use only by the local government staff administering this program and state agency personnel responsible for program oversight and that information and records will only be released as permitted by state and federal law, pursuant to written request made by authorized persons in conformance with the Ohio Revised Code.

** The Section 8 income limits are available on OHCP's Web site -- <http://www.odod.state.oh.us/cdd/ohcp> -- under "Data."

*** A good faith effort must be made to collect information from the "no response" household.