

# **ALLEGHENY COUNTY**

## **2025 INCOME GUIDELINES**

**Income Limits Subject to Change by HUD**

Household Size	30% Area Median Income	50% Area Median Income	80% Area Median Income
1	\$22,550	\$37,600	\$60,100
2	\$25,800	\$42,950	\$68,700
3	\$29,000	\$48,300	\$77,300
4	\$32,200	\$53,650	\$85,850
5	\$37,650	\$57,950	\$92,750
6	\$43,150	\$62,250	\$99,600
7	\$48,650	\$66,550	\$106,500
8	\$54,150	\$70,850	\$113,350

**ALLEGHENY COUNTY**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
**2025 INCOME LEVELS**  
**Income Limits Subject to Change by HUD**

## INDIVIDUAL HOUSEHOLD SURVEY FORM

For the purpose of determining eligibility for proposed community development improvement projects to be funded by HUD in your area, the following information is necessary. Each household should indicate the number of persons living in the residence and whether total gross household income exceeds or falls below the listed figure for that size household.

Check one	Household Size/Income Level		
<input type="checkbox"/>	1 Person...	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$60,100
<input type="checkbox"/>	2 Persons...	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$68,700
<input type="checkbox"/>	3 Persons....	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$77,300
<input type="checkbox"/>	4 Persons....	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$85,850
<input type="checkbox"/>	5 Persons....	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$92,750
<input type="checkbox"/>	6 Persons....	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$99,600
<input type="checkbox"/>	7 Persons....	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$106,500
<input type="checkbox"/>	8 Persons....	Total Income is <input type="checkbox"/> above or <input type="checkbox"/> below	\$113,350

Project Name: \_\_\_\_\_

Household Address:

\_\_\_\_\_  
 Street Apt. No.

\_\_\_\_\_  
 City State Zip

Check if Applicable:

- ☐ Household Occupant(s) Not Home
- ☐ Household Occupant(s) Refused To Complete Survey

\_\_\_\_\_  
 Interviewer's Printed Name

\_\_\_\_\_  
 Interviewer's Signature

\_\_\_\_\_  
 Date