

COMMUNITY DEVELOPMENT DEPARTMENT, CITY OF HAVERHILL
PROGRESS REPORT 2024-2025

AGENCY NAME/PROJECT: _____

REPORTING PERIOD: _____

(REQUIRED INFORMATION CAN BE FOUND ON COMPLETED APPENDIX C - SELF-DECLARATION OF INCOME FORMS)

PARTICIPANTS	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YEAR- TO- DATE
NEW PARTICIPANTS													
RETURNING PARTICIPANTS													
TOTAL MONTHLY PARTICIPANTS:													

INCOME CHARACTERISTICS OF NEW PARTICIPANTS

EXTREMELY LOW INCOME (0%-30%)													
LOW INCOME (31%-50%)													
LOW-MODERATE INCOME (51%-80%)													
OVER INCOME LIMITS (81%+)													
TOTAL NEW PARTICIPANTS:													

****NO REQUEST FOR REIMBURSEMENT WILL BE PROCESSED WITHOUT THIS FORM****

AGENCY REPRESENTATIVE: _____ DATE: _____

[illegible][illegible]