TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
YORK COUNTY/YORK/KITTERY
(Select portions of York County, see list of communities below)

Date: _____ CDBG EDP SURVEY #: _____

The Town/City of _____ has been awarded Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are: _____

_____

For the proposed activities, the CDBG program requires documentation of program benefit. Therefore, the community is surveying the potential beneficiaries ensuring compliance with CDBG program regulations.

Your response to the following questions is critical for meeting CDBG program requirements. All responses are confidential and used solely for securing CDBG grant funds. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Please return this form to _____ as soon as possible. If you have questions, please contact _____** Thank you for your cooperation.

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In determining total family income use your total gross income for the 12 month period prior to completing this form.

Berwick, Eliot, Kittery, South Berwick, York

FAMILY SIZE (Circle One)	FAMILY INCOME (Please Check one)			
	30%	50%	80%	Above 80%
1	____ Below 16,400	___ 16,401 - 27,300	____ 27,301 - 43,700	____ Above 43,701
2	____ Below 18,750	___ 18,751 - 31,200	____ 31,201 – 49,950	____ Above 49,951
3	____ Below 21,100	___ 21,101 - 35,100	____ 35,101 - 56,200	____ Above 56,201
4	____ Below 23,400	___ 23,401 - 39,000	____ 39,001 - 62,400	____ Above 62,401
5	____ Below 25,300	___ 25,301 - 42,150	____ 42,151 - 67,400	____ Above 67,401
6	____ Below 27,150	___ 27,151 - 45,250	____ 45,251 - 72,400	____ Above 72,401
7	____ Below 29,050	___ 29,051 - 48,400	____ 48,401 - 77,400	____ Above 77,401
8	____ Below 30,900	___ 30,901 - 51,500	____ 51,501 - 82,400	____ Above 82,401

BENEFICIARY INFORMATION:

Individual Race: Indicate by placing an "X" on the appropriate line:

White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ Asian & White ___
American Indian/Alaskan Native & White ___ Black/African American & White ___ American Indian/Alaskan Native & Black/African American ___

Individual Make-up: Indicate by placing an "X" on the appropriate lines:

Elderly: ___ Severely Disabled: ___ Female Head of Household? Yes ___ No ____ Before taking this job were you employed? Yes ___ No ___

I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the Town/City of _____, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

_____

Signature Printed Name Date

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ___ NON-LMI___

_____

Signature of authorized official Date