TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
CUMBERLAND COUNTY/PORTLAND MSA
(Select portions of Cumberland County and 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.

FAMILY SIZE (Circle One)	FAMILY INCOME (Please Check one)			
	30%	50%	80%	Above 80%
1	____ Below 16,050	___ 16,051 - 26,750	____ 26,751 – 42,800	____ Above 42,801
2	____ Below 18,350	___ 18,351 – 30,600	____ 30,601 – 48,900	____ Above 48,901
3	____ Below 20,650	___ 20,651 - 34,400	____ 34,401 – 55,000	____ Above 55,001
4	____ Below 22,900	___ 22,901 - 38,200	____ 38,201 - 61,100	____ Above 61,101
5	____ Below 24,750	___ 24,751 - 41,300	____ 41,301 - 66,000	____ Above 66,001
6	____ Below 26,600	___ 26,601 – 44,350	____ 44,351 - 70,900	____ Above 70,901
7	____ Below 28,400	___ 28,401 - 47,400	____ 47,401 - 75,800	____ Above 75,801
8	____ Below 30,250	___ 30,251 - 50,450	____ 50,451 - 80,700	____ Above 80,701

Cape Elizabeth, Casco, Cumberland, Falmouth, Freeport, Frye Island, Gorham, Gray, Long Island, North Yarmouth, Raymond, Scarborough, Standish, Westbrook, Windham, Yarmouth, Buxton , Hollis , Limington , Old Orchard Beach

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