TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
LINCOLN COUNTY

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: (Please Circle one)	30%	50%	80%	Above 80%
1	____ Below 12,950	____ 12,951 - 21,600	____ 21,601 - 34,550	____ Above 34,551
2	____ Below 14,800	____ 14,801 - 24,700	____ 24,701 - 39,500	____ Above 39,501
3	____ Below 16,650	____ 16,651 - 27,800	____ 27,801 - 44,450	____ Above 44,451
4	____ Below 18,500	____ 18,501 - 30,850	____ 30,851 - 49,350	____ Above 49,351
5	____ Below 20,000	____ 20,001 - 33,350	____ 33,351 - 53,300	____ Above 53,301
6	____ Below 21,500	____ 21,501 – 35,800	____ 35,801 - 57,250	____ Above 57,251
7	____ Below 22,950	____ 22,951 - 38,300	____ 38,301 - 61,200	____ Above 61,201
8	____ Below 24,450	____ 24,451 – 40,750	____ 40,751 - 65,150	____ Above 65,151

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 ___ Other ___

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