TOWN/CITY OF _____

BENEFIT DATA INFORMATION SHEET

YORK COUNTY

(Select portions of York County, see below)

Date:_____ CDBG PROGRAM TYPE _____

The Town/City of _____ is currently preparing an application for Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are to: _____

_____

For the proposed activities, the CDBG program requires proof of providing benefit to low and moderate-income persons. Therefore, the community is surveying the potential beneficiaries to ensure compliance with the regulations of the CDBG Program.

Your response to the following questions is critical in finalizing the application process. All responses will be kept confidential and used solely for securing CDBG grant funds.

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Name (optional): _____ Survey # ____

Address: _____

Please place an "X" in the appropriate spaces pertaining to your family's size, annual income and makeup

<u>*In determining total family income use your total gross income for the 12 month period prior to completing this form</u>

<u>FAMILY SIZE INCOME</u>

1	$36,650	Above _____	Below _____
2	41,850	Above _____	Below _____
3	47,100	Above _____	Below _____
4	52,300	Above _____	Below _____
5	56,500	Above _____	Below _____
6	60,700	Above _____	Below _____
7	64,900	Above _____	Below _____
8	69,050	Above _____	Below _____

Acton , Alfred , Arundel , Biddeford, Cornish , Dayton, Kennebunk, Kennebunkport ,Lebanon , Limerick , Lyman , Newfield, North Berwick, Ogunquit , Parsonsfield , Saco , Sanford, Shapleigh, Waterboro, Wells

<u>BENEFICIARY INFORMATION:</u>

<u>Family Race:</u> Indicate by putting an "X" on the appropriate line

White ____ Black/African American _____ Asian ____ American Indian/Alaskan Native _____

Native Hawaiian/Other Pacific Islander ____ American Indian/Alaskan Native & White ____

Asian & White ____ Black/African American & White ____

American Indian/Alaskan Native & Black/African American ___

<u>Family Make-up:</u> Enter number of elderly or severely disabled family members and indicate with an “X” if a female head of household is present

Number of Elderly: _____

Number of Severely Disabled: _____

Female Head of Household: Yes _____ No _____

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ____ NON LMI ____

_____

Signature of authorized official Date

Revised 01/13 Effective 12/11/12