

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
ANDROSCOGGIN COUNTY
(Uses Lewiston/Auburn MSA)

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)

FAMILY INCOME:

(Please check one)

	30%	50%	80%	Above 80%
1	Below 17,950	17,951 - 29,900	29,901 - 47,850	Above 47,851
2	Below 21,100	21,101 - 34,200	34,201 - 54,650	Above 54,651
3	Below 26,650	26,651 - 38,450	38,451 - 61,500	Above 61,501
4	Below 32,350	32,351 - 42,700	42,701 - 68,300	Above 68,301
5	Below 37,650	37,651 - 46,150	46,151 - 73,150	Above 73,151
6	Below 43,150	43,151 - 49,550	49,551 - 79,250	Above 79,251
7	Below 48,650	48,651 - 52,950	52,951 - 84,700	Above 84,701
8	Below 54,150	54,151 - 56,400	56,401 - 90,200	Above 90,201

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low income. Consequently the 30% income limits may equal the 50% income limits

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