## TOWN/CITY OF \_\_\_\_\_\_\_BENEFIT DATA INFORMATION SHEET

**CUMBERLAND COUNTY** 

(Select portions of Cumberland County, see list of communities below)

Date:	(0	belect portions of Cur	inberiand County, see	s list of community	CDBG EDP SURVEY #:
The Town/City of		has be	en awarded Communit	y Development Blo	ck Grant (CDBG) funds from the State of Maine,
Department of Economic	and Community Develor	oment. The proposed a	activities are:		
For the proposed ensuring compliance with			entation of program ber	efit. Therefore, the	community is surveying the potential beneficiaries
Your response to grant funds. THIS INFO possible. If you have qu	RMATION WILL BE KE	PT CONFIDENTIAL.	Please return this for	n to	es are confidential and used solely for securing CDBG as soon as or your cooperation.
In determining total family	=======================================		=========	=======================================	
FAMILY SIZE (Circle One)		FAMILY INCOME (Please Check one)			Baldwin town, Bridgton town, Brunswick town,
( )	30%	50%	80%	Above 80%	Harpswell town, Harrison town, Naples town, New
1	Below 23,000	23,001 – 38,350	38,351 - 61,350	Above 61,351	Gloucester town, Pownal town, Sebago town
2	Below 26,300	26,301 – 43,800	43,801 - 70,100	Above 70,101	
3	Below 29,600	29,601 – 49,300	49,301 – 78,850	Above 78,851	
4	Below 32,850	32,851 – 54,750	54,751 - 87,600	Above 87,601	
5 6	Below 37,650 Below 43,150	37,651 – 59,150	59,151 – 94,650	Above 94,651 Above 101,651	
7	Below 48,650	43,151 - 63,550 _ 48,651 - 67,900	63,551 - 101,650 _ 67,901 –108,650	Above 101,651 Above 108,651	
8	Below 54,150	54,151 – 72,300 _	72,301 –106,650 _	Above 100,031	
	placing an "X" on the app  American Asian _	American Indian/A			r Pacific Islander Asian & White ive & Black/African American
Individual Make-up: Indicat Elderly: Severely			Yes No Befor	re taking this job we	ere you employed? Yes No
I certify that the the State of Maine, and t					and belief, and that the Town/City ofherein.
Signature		Printed Name			Date
TO BE FILLED OUT BY IND				========	
Signature of authorized of	ficial		Date		

Revised 4/2025 Effective 5/1/2025