TOWN/CITY OF BENEFIT DATA INFORMATION SHEET

CUMBERLAND COUNTY – PORTLAND METRO AREA
(Select portions of Cumberland County, see list of communities below)

Date:	(3	select portions of Cu	mbenand County, see	e list of communitie	CDBG EDP SURVEY #:
The Town/City of		has be	een awarded Communit	v Development Bloc	ck Grant (CDBG) funds from the State of Maine,
Department of Economic ar					
For the proposed a ensuring compliance with C			entation of program ber	efit. Therefore, the	community is surveying the potential beneficiaries
grant funds. THIS INFOR possible. If you have que	MATION WILL BE KE	PT CONFIDENTIAL.	Please return this for	n to Thank you fo	s are confidential and used solely for securing CDBG as soon as your cooperation.
========================= In determining total family in					=======================================
FAMILY SIZE (Circle One)					Cape Elizabeth, Casco, Chebeague Island,
(Circle One)	30%	50%	80%	Above 80%	Cumberland, Falmouth, Freeport, Frye Island
1	Below 27,300	27,301 – 45,450	45,551 – 72,700	Above 72,701	Gorham, Gray, Long Island, North Yarmouth,
2	Below 31,200	31,201 – 51,950	51,951 – 83,100	Above 83,101	Portland, Raymond, Scarborough, South Portland Standish, and Westbrook.
3	Below 35,100	35,101 – 58,450	58,451 – 93,500	Above 93,501	
4	Below 38,950	38,951 – 64,900	64,901 – 103,850	Above 103,851	
5	Below 42,100	42,101 – 70,100	70,101 – 112,200 _	Above 112,201	
6	Below 45,200	45,201 – 75,300	75,301 – 120,500 _	Above 120,501	
7	Below 48,650	48,651 – 80,500	80,501 – 128,800 _	Above 128,801	
8	Below 54,150	54,151 – 85,700	85,701 -137,100 _	Above 137,101	
BENEFICIARY INFORMAT Individual Race: Indicate by p	placing an "X" on the app	·			
					Pacific Islander Asian & White ve & Black/African American
Individual Make-up: Indicate Elderly: Severely D	by placing an "X" on the a disabled: Female	appropriate lines: Head of Household?	Yes No Befo	re taking this job we	re you employed? Yes No
I certify that the in the State of Maine, and th					nd belief, and that the Town/City oferein.
Signature		Printed Name		Date	
TO BE FILLED OUT BY INDE					
Signature of authorized office	cial		Date		

Revised 4/2025 Effective 5/1/2025