

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
KENNEBEC 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.

Please circle your family size and place a check mark on the corresponding line for the income level for your family size.

FAMILY SIZE:

(Please Circle one)

FAMILY INCOME:

(Please check one)

	30%	50%	80%	Above 80%
1	Below 18,350	18,351 – 30,600	30,601 – 48,900	Above 48,901
2	Below 21,150	21,151 – 34,950	34,951 – 55,900	Above 55,901
3	Below 26,650	26,651 – 39,300	39,301 – 62,900	Above 62,901
4	Below 32,150	32,151 – 43,650	43,651 – 69,850	Above 69,851
5	Below 37,650	37,651 – 47,150	47,151 – 75,450	Above 75,451
6	Below 43,150	43,151 – 50,650	50,651 – 81,050	Above 81,051
7	Below 48,650	48,651 – 54,150	54,151 – 86,650	Above 86,651
8	Below 54,150	54,151 – 57,650	57,651 – 92,250	Above 92,251

*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:

Family Race: Indicate by putting 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 ____

Family Make-up: 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 ____ 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 that Town/City of _____, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

Signature

Date

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

Signature of authorized official

Date