

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
KNOX 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.

=====

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)

30%

50%

80%

Above 80%

FAMILY INCOME:

(Please check one)

1	Below 21,000	21,001 - 35,000	35,001-- 56,000	Above 56,001
2	Below 24,000	24,001 - 40,000	40,001 - 64,000	Above 64,001
3	Below 27,000	27,001 - 45,000	45,001 - 72,000	Above 72,001
4	Below 32,150	32,151 - 50,000	50,001 - 80,000	Above 80,001
5	Below 37,650	37,651 - 54,000	54,001 - 86,400	Above 86,401
6	Below 43,150	43,151 - 58,150	58,151 - 92,800	Above 92,801
7	Below 48,650	48,651 - 62,000	62,001 - 99,200	Above 99,201
8	Below 54,150	54,151 - 66,000	66,001 - 105,600	Above 105,601

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 _____

=====

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

Signature of authorized official _____ Date _____