

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
LINCOLN 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.

FAMILY SIZE:

(Please Circle one)

FAMILY INCOME:

(Please check one)

	30%	50%	80%	Above 80%
1	Below 20,750	20,751 - 34,550	34,551 - 55,300	Above 55,301
2	Below 23,700	23,701 - 39,500	39,501 - 63,200	Above 63,201
3	Below 26,650	26,651 - 44,450	44,451 - 71,100	Above 71,101
4	Below 32,150	32,151 - 49,350	49,351 - 78,950	Above 78,951
5	Below 37,650	37,651 - 53,300	53,301 - 85,300	Above 85,301
6	Below 43,150	43,151 - 57,250	57,251 - 91,600	Above 91,601
7	Below 48,650	48,651 - 61,200	61,201 - 97,900	Above 97,901
8	Below 54,150	54,151 - 65,150	65,151 - 104,900	Above 104,901

*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