

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
OXFORD 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)

30%

50%

80%

Above 80%

FAMILY INCOME:

(Please check one)

| | | | | |
|---|--------------------|-----------------------|-----------------------|--------------------|
| 1 | _____ Below 17,850 | _____ 17,851 - 29,750 | _____ 29,751 - 47,600 | _____ Above 47,601 |
| 2 | _____ Below 21,150 | _____ 21,151 - 34,000 | _____ 34,001 - 54,400 | _____ Above 54,401 |
| 3 | _____ Below 26,650 | _____ 26,651 - 38,250 | _____ 38,251 - 61,200 | _____ Above 61,201 |
| 4 | _____ Below 32,150 | _____ 32,151 - 42,500 | _____ 42,501 - 68,000 | _____ Above 68,001 |
| 5 | _____ Below 37,650 | _____ 37,651 - 45,900 | _____ 45,901 - 73,450 | _____ Above 73,451 |
| 6 | _____ Below 43,150 | _____ 43,151 - 49,300 | _____ 49,301 - 78,900 | _____ Above 78,901 |
| 7 | _____ Below 48,650 | _____ 48,651 - 52,700 | _____ 52,701 - 84,350 | _____ Above 84,351 |
| 8 | _____ Below 54,150 | _____ 54,151 - 56,100 | _____ 56,101 - 89,800 | _____ Above 89,801 |

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 _____