

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
SOMERSET 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 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 _____