The Town/City of __________________________ is currently preparing an application for Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are to: __________________________

For the proposed activities, the CDBG program requires proof of providing benefit to low and moderate-income persons. Therefore, the community is surveying the potential beneficiaries to ensure compliance with the regulations of the CDBG Program.

Your response to the following questions is critical in finalizing the application process. All responses will be kept confidential and used solely for securing CDBG grant funds.

Please place an "X" in the appropriate spaces pertaining to your family's size, annual income and makeup. *In determining total family income use your total gross income for the 12 month period prior to completing this form.*

FAMILY SIZE INCOME
1 $39,150 Above ____ Below ____
2 44,750 Above ____ Below ____
3 50,350 Above ____ Below ____
4 55,900 Above ____ Below ____
5 60,400 Above ____ Below ____
6 64,850 Above ____ Below ____
7 69,350 Above ____ Below ____
8 73,800 Above ____ Below ____

BENEFICIARY INFORMATION:

Family Race: Indicate by putting a number on the appropriate line

White ____ Black/African American ____ Asian ____ American Indian/Alaskan Native ____
Native Hawaiian/Other Pacific Islander ____ American Indian/Alaskan Native & White ____
Asian & White ____ Black/African American & White ____
American Indian/Alaskan Native & Black/African American ____

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

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

Signature of authorized official Date

Revised 4/2020

Effective 4/1/2020