TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
CUMBERLAND COUNTY – PORTLAND METRO AREA
(Select portions of Cumberland County, see list of communities below)

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 (Circle One)	FAMILY INCOME (Please Check one)			
	30%	50%	80%	Above 80%
1	____ Below 29,250	___ 29,251 – 48,700	____ 48,701 – 74,800	____ Above 74,801
2	____ Below 33,400	___ 33,401 – 55,650	____ 55,651 – 85,450	____ Above 85,451
3	____ Below 37,600	___ 37,601 – 62,600	____ 62,601 – 96,150	____ Above 96,151
4	____ Below 41,750	___ 41,751 – 69,550	___ 69,551 – 106,800	___ Above 106,801
5	____ Below 45,100	___ 45,101 – 75,150	___ 75,151 – 115,350	____ Above 115,351
6	____ Below 48,450	___ 48,451 – 80,700	___ 80,701 – 123,900	___ Above 123,901
7	____ Below 51,800	___ 51,801 – 86,250	___ 86,251 – 132,450	____ Above 132,451
8	_____ Below 55,720	___ 55,721 – 91,850	____ 91,851 -141,000	____ Above 141,001

Cape Elizabeth, Casco, Chebeague Island, Cumberland, Falmouth, Freeport, Frye Island Gorham, Gray, Long Island, North Yarmouth, Portland, Raymond, Scarborough, South Portland, Standish, and Westbrook.

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 ___

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