

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 ANDROSCOGGIN COUNTY
 (Uses Lewiston/Auburn MSA)

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.

<u>FAMILY SIZE:</u> (Please Circle one)	<u>FAMILY INCOME:</u> (Please check one)			
	30%	50%	80%	Above 80%
1	Below 16,750	16,751 - 27,900	27,901 - 44,600	Above 44,601
2	Below 19,150	19,151 - 31,850	31,851 - 51,000	Above 51,001
3	Below 23,030	23,031 - 35,850	35,851 - 57,350	Above 57,351
4	Below 27,750	27,751 - 39,800	39,801 - 63,700	Above 63,701
5	Below 32,470	32,471 - 43,000	43,001 - 68,800	Above 68,801
6	Below 37,190	37,191 - 46,200	46,201 - 73,900	Above 73,901
7	Below 41,910	41,911 - 49,400	49,401 - 79,000	Above 79,001
8	Below 46,630	46,631 - 52,550	52,551 - 84,100	Above 84,101

*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