

**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	<input type="checkbox"/> Below 14,700	<input type="checkbox"/> 14,701 - 24,500	<input type="checkbox"/> 24,501 - 39,150	<input type="checkbox"/> Above 39,151
2	<input type="checkbox"/> Below 17,240	<input type="checkbox"/> 17,241 - 28,000	<input type="checkbox"/> 28,001 - 44,750	<input type="checkbox"/> Above 44,751
3	<input type="checkbox"/> Below 21,720	<input type="checkbox"/> 21,721 - 31,500	<input type="checkbox"/> 31,501 - 50,350	<input type="checkbox"/> Above 50,351
4	<input type="checkbox"/> Below 26,200	<input type="checkbox"/> 26,201 - 34,950	<input type="checkbox"/> 34,951 - 55,900	<input type="checkbox"/> Above 55,901
5	<input type="checkbox"/> Below 30,680	<input type="checkbox"/> 30,681 - 37,750	<input type="checkbox"/> 37,751 - 60,400	<input type="checkbox"/> Above 60,401
6	<input type="checkbox"/> Below 35,160	<input type="checkbox"/> 35,161 - 40,550	<input type="checkbox"/> 40,551 - 64,850	<input type="checkbox"/> Above 64,851
7	<input type="checkbox"/> Below 39,640	<input type="checkbox"/> 39,641 - 43,350	<input type="checkbox"/> 43,351 - 69,350	<input type="checkbox"/> Above 69,351
8	<input type="checkbox"/> Below 44,120*	<input type="checkbox"/> Below 46,150*	<input type="checkbox"/> 46,151 - 73,800	<input type="checkbox"/> Above 73,801

\*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