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.

FAMILY SIZE: (Please Circle one)	FAMILY INCOME: (Please check one) 30%	50%	80%	Above 80%
1	____ Below 19,750	____ 19,751 - 32,850	____ 32,851 – 52,600	____ Above 52,601
2	____ Below 22,550	____ 22,551 - 37,600	____ 37,601 – 60,000	____ Above 60,001
3	____ Below 27,320	____ 27,321 - 42,250	____ 42,251 – 67,600	____ Above 67,601
4	____ Below 33,000	____ 33,001 - 46,950	____ 46,951 – 75,100	____ Above 75,101
5	____ Below 38,680	____ 38,681 - 50,750	____ 50,751 – 81,150	____ Above 81,151
6	____ Below 44,360	____ 44,361 - 54,500	____ 54,501 – 87,150	____ Above 87,151
7	____ Below 50,040	____ 50,041 - 58,200	____ 58,201 - 93,150	____ Above 93,151
8	____ Below 55,720	____ 55,721 – 62,000	____ 62,001 - 99,150	____ Above 99,151

*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