

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 CUMBERLAND COUNTY

(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 16,500	16,501 – 27,500	27,501 - 44,000	Above 44,001
2	Below 18,850	18,851 – 31,400	31,401 - 50,250	Above 50,251
3	Below 21,960	21,961 – 35,350	35,351 – 56,550	Above 56,551
4	Below 26,500	26,501 – 39,250	39,251 - 62,800	Above 62,801
5	Below 31,040	31,041 - 42,400	42,401 – 67,850	Above 67,851
6	Below 35,580	35,581 - 45,550	45,551 - 72,850	Above 72,851
7	Below 40,120	40,121 – 48,700	48,701 – 77,900	Above 77,901
8	Below 44,660	44,661 – 51,850	51,851 – 82,900	Above 82,901

Baldwin town, Bridgton town, Brunswick town, Harpswell town, Harrison town, Naples town, New Gloucester town, Pownal town, Sebago town

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 _____