

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 19,500	19,501 – 32,550	32,551 - 52,050	Above 52,051
2	Below 22,300	22,301 – 37,200	37,201 - 59,450	Above 59,451
3	Below 25,100	25,101 – 41,850	41,851 – 66,900	Above 66,901
4	Below 30,000	30,001 – 46,450	46,451 - 74,300	Above 74,301
5	Below 35,140	35,141 – 50,200	50,201 – 80,250	Above 80,251
6	Below 40,280	40,281 - 53,900	53,901 - 86,200	Above 86,201
7	Below 45,420	45,421 – 57,600	57,601 – 92,150	Above 92,151
8	Below 50,560	50,561 – 61,350	61,351 – 98,100	Above 98,101

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