

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET

CUMBERLAND COUNTY – PORTLAND METRO AREA

(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.

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 24,850	24,851 – 41,450	41,451 – 66,250	Above 66,251
2	Below 28,400	28,401 – 47,350	47,351 – 75,700	Above 75,701
3	Below 31,950	31,951 – 53,250	53,251 – 85,150	Above 85,151
4	Below 35,500	35,501 – 59,150	59,151 – 94,600	Above 94,601
5	Below 38,350	38,351 – 63,900	63,901 – 102,200	Above 102,201
6	Below 41,200	41,201 – 68,650	68,651 – 109,750	Above 109,751
7	Below 45,420	45,421 – 73,350	73,351 – 117,350	Above 117,351
8	Below 50,560	50,561 – 78,100	78,101 -124,900	Above 124,901

Cape Elizabeth, Casco, Chebeague Island, Cumberland, Falmouth, Freeport, Frye Island, Gorham, Gray, Long Island, North Yarmouth, Portland, Raymond, Scarborough, South Portland, Standish, and Westbrook.

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 _____

TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ___ NON-LMI ___

Signature of authorized official _____ Date _____