

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 HANCOCK COUNTY

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>		<u>FAMILY INCOME:</u>			
(Please Circle one)		(Please check one)			
	30%	50%	80%	Above 80%	
1	____ Below 16,900	____ 16,901 – 28,150	____ 28,151 – 45,000	____ Above 45,001	
2	____ Below 19,300	____ 19,301 - 32,150	____ 32,151 -- 51,400	____ Above 51,401	
3	____ Below 23,030	____ 23,031 - 36,150	____ 36,151 – 57,850	____ Above 57,851	
4	____ Below 27,750	____ 27,751 –40,150	____ 40,151 – 64,250	____ Above 64,251	
5	____ Below 32,470	____ 32,471 – 43,400	____ 43,401 – 69,400	____ Above 69,401	
6	____ Below 37,190	____ 37,191 – 46,600	____ 46,601 – 74,550	____ Above 74,551	
7	____ Below 41,910	____ 41,911 -- 49,800	____ 49,801 - 79,700	____ Above 79,701	
8	____ Below 46,630	____ 46,631 - 53,000	____ 53,001 – 84,850	____ Above 84,851	

*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