

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 17,850	____ 18,851 – 29,750	____ 29,751 – 47,650	____ Above 47,651	
2	____ Below 20,400	____ 20,401 - 34,000	____ 34,001 -- 54,400	____ Above 54,401	
3	____ Below 24,860	____ 24,861 - 38,250	____ 38,251 – 61,200	____ Above 61,201	
4	____ Below 30,000	____ 30,301 –42,500	____ 42,501 – 68,000	____ Above 68,001	
5	____ Below 35,140	____ 35,141 – 45,900	____ 45,901 – 73,450	____ Above 73,451	
6	____ Below 40,280	____ 40,281 – 49,300	____ 49,301 – 78,900	____ Above 78,901	
7	____ Below 45,420	____ 45,421 -- 52,700	____ 52,701 - 84,350	____ Above 84,351	
8	____ Below 50,560	____ 50,561 - 56,100	____ 56,101 – 89,800	____ Above 89,801	

*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