

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 KENNEBEC 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.

=====

In determining total family income use your total gross income for the 12 month period prior to completing this form.

Please circle your family size and place a check mark on the corresponding line for the income level for your family size.

FAMILY SIZE:

(Please Circle one)

FAMILY INCOME:

(Please check one)

	30%	50%	80%	Above 80%
1	Below 15,050	15,051 – 25,100	25,101 – 40,150	Above 40,151
2	Below 17,420	17,421 – 28,700	28,701 – 45,900	Above 45,901
3	Below 21,960	21,961 – 32,300	32,301 – 51,650	Above 51,651
4	Below 26,500	26,501 – 35,850	35,851 – 57,350	Above 57,351
5	Below 31,040	31,041 – 38,750	38,751 – 61,950	Above 61,951
6	Below 35,580	35,581 – 41,600	41,601 – 66,550	Above 66,551
7	Below 40,120	40,121 – 44,500	44,501 – 71,150	Above 71,151
8	Below 44,660	44,661 - 47,350	47,351 – 75,750	Above 75,751

*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:

Family Race: Indicate by putting 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 ___

Family Make-up: Enter **number** of elderly or severely disabled family members and indicate with an "**X**" if a female head of household is present

Number of Elderly: ___ Number of 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 that Town/City of _____, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

 Signature Date

=====

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

 Signature of authorized official Date