

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
KENNEBEC COUNTY

Date: _____

CDBG EDP SURVEY #: _____

Dear Employee,

To qualify for a CDBG funded loan from the Town/City of _____, we need information on the family size, annual income, and makeup of all our employees.

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.

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)

30%

50%

FAMILY INCOME:

(Please check one)

80%

Above 80%

1	Below 14,700	14,701 – 24,500	24,501 – 39,150	Above 39,151
2	Below 16,910	16,911 – 28,000	28,001 – 44,750	Above 44,751
3	Below 21,330	21,331 – 31,500	31,501 – 50,350	Above 50,351
4	Below 25,750	25,751 – 34,950	34,951 – 55,900	Above 55,901
5	Below 30,170	30,171 – 37,750	37,751 – 60,400	Above 60,401
6	Below 34,590	34,591 – 40,550	40,551 – 64,850	Above 64,851
7	Below 39,010	39,011 – 43,350	43,351 – 69,350	Above 69,651
8	Below 43,430	43,431 – 46,150	46,151 – 73,800	Above 73,801

*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:

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

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

Signature of authorized official

Date