### 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)

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<th>30%</th>
<th>50%</th>
<th>80%</th>
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*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

Revised 4/2020 Effective 4/1/2020