

**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.

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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)

**FAMILY INCOME:**

(Please check one)

	30%	50%	80%	Above 80%
1	____ Below 15,850	____ 15,851 – 26,400	____ 26,401 – 42,250	____ Above 42,251
2	____ Below 18,100	____ 18,101 – 30,200	____ 30,201 – 48,250	____ Above 44,751
3	____ Below 21,720	____ 21,721 – 33,950	____ 33,951 – 54,300	____ Above 54,301
4	____ Below 26,200	____ 26,201 – 37,700	____ 37,701 – 60,300	____ Above 60,301
5	____ Below 30,680	____ 30,681 – 40,750	____ 40,751 – 65,150	____ Above 65,151
6	____ Below 35,160	____ 35,161 – 43,750	____ 43,751 – 69,950	____ Above 69,951
7	____ Below 39,640	____ 39,641 – 46,750	____ 46,751 – 74,800	____ Above 74,801
8	____ Below 44,120	____ 44,121 - 49,800	____ 49,801 – 79,600	____ Above 79,601

\*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