

**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 17,050	____ 17,051 – 28,450	____ 28,451 – 45,500	____ Above 45,501
2	____ Below 19,720	____ 19,721 – 32,500	____ 32,501 – 52,000	____ Above 52,001
3	____ Below 24,860	____ 24,861 – 36,550	____ 36,501 – 58,500	____ Above 55,501
4	____ Below 30,000	____ 30,001 – 40,600	____ 40,601 – 64,950	____ Above 64,951
5	____ Below 35,140	____ 35,141 – 43,850	____ 43,851 – 70,150	____ Above 70,151
6	____ Below 40,280	____ 40,281 – 47,100	____ 47,101 – 75,350	____ Above 75,351
7	____ Below 45,420	____ 45,421 – 50,350	____ 50,351 – 80,550	____ Above 80,551
8	____ Below 50,560	____ 50,561 - 53,600	____ 53,601 – 85,750	____ Above 85,751

\*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