

**TOWN/CITY OF \_\_\_\_\_**  
**BENEFIT DATA INFORMATION SHEET**  
 KNOX 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.**

FAMILY SIZE: (Please Circle one)	FAMILY INCOME: (Please check one)			
	30%	50%	80%	Above 80%
1	Below 13,800	13,801 - 22,950	22,951-- 36,700	Above 36,701
2	Below 16,910	16,911 - 26,200	26,201 - 41,950	Above 41,951
3	Below 21,330	21,331 - 29,500	29,501 - 47,200	Above 47,201
4	Below 25,750	25,751 - 32,750	32,751 - 52,400	Above 52,401
5	Below 30,170	30,171 - 35,400	35,401 - 56,500	Above 56,501
6	Below 34,590	34,591 - 38,000	38,001 - 60,800	Above 60,801
7	Below 39,010	39,011 - 40,650	40,651 - 65,000	Above 65,001
8	Below 43,250*	Below 43,250	43,251 - 69,200	Above 69,201

**BENEFICIARY INFORMATION:**

**Individual Race:** Indicate by placing 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 \_\_\_

**Individual Make-up:** Indicate by placing an "X" on the appropriate lines:

Elderly: \_\_\_ 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 the Town/City of \_\_\_\_\_, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI \_\_\_ NON-LMI \_\_\_

Signature of authorized official \_\_\_\_\_ Date \_\_\_\_\_