

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
LINCOLN 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.

FAMILY SIZE:

(Please Circle one)

FAMILY INCOME:

(Please check one)

	30%	50%	80%	Above 80%
1	Below 21,500	21,501 - 35,850	35,851 - 57,350	Above 57,351
2	Below 24,600	24,601 - 41,000	41,001 - 65,550	Above 65,251
3	Below 27,650	27,651 - 46,100	46,101 - 73,350	Above 73,351
4	Below 33,000	33,001 - 51,200	51,201 - 81,900	Above 81,901
5	Below 38,680	38,681 - 55,300	55,301 - 88,500	Above 88,501
6	Below 44,360	44,361 - 59,400	59,401 - 95,050	Above 95,051
7	Below 50,040	50,041 - 63,500	63,501 - 101,600	Above 101,601
8	Below 55,720	55,721 - 67,600	67,601 - 108,150	Above 108,151

*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:

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 _____

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

Signature of authorized official _____ Date _____