

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 PENOBSCOT COUNTY

(Select portions of Penobscot County, see list of communities below)

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.

Alton, Argyle, Bradford, Bradley, Burlington, Carmel, Carroll plantation, Charleston, Chester, Clifton, Corinna, Corinth, Dexter, Dixmont, Drew plantation, East Central Penobscot UT, East Millinocket, Edinburg, Enfield, Etna, Exeter, Garland, Greenbush, Howland, Hudson, Kingman UT, Lagrange, Lakeville, Lee, Levant, Lincoln, Lowell, Mattawamkeag, Maxfield, Medway, Millinocket, Mount Chase, Newburgh, Newport, North Penobscot UT, Passadumkeag, Patten, Plymouth, Prentiss UT, Seboeis plantation, Springfield, Stacyville, Stetson, Twombly UT, Webster plantation, Whitney UT, Winn, Woodville

FAMILY SIZE (Circle One)	FAMILY INCOME (Please Check one)			
	30%	50%	80%	Above 80%
1	<input type="checkbox"/> Below 13,450	<input type="checkbox"/> 13,451 – 22,400	<input type="checkbox"/> 22,401 – 35,850	<input type="checkbox"/> Above 35,851
2	<input type="checkbox"/> Below 17,420	<input type="checkbox"/> 17,421 - 25,600	<input type="checkbox"/> 26,601 - 41,000	<input type="checkbox"/> Above 41,001
3	<input type="checkbox"/> Below 21,960	<input type="checkbox"/> 21,961 - 28,800	<input type="checkbox"/> 28,801 - 46,100	<input type="checkbox"/> Above 46,101
4	<input type="checkbox"/> Below 26,500	<input type="checkbox"/> 26,501 – 32,000	<input type="checkbox"/> 32,001 – 51,200	<input type="checkbox"/> Above 51,201
5	<input type="checkbox"/> Below 31,040	<input type="checkbox"/> 31,041 – 34,600	<input type="checkbox"/> 34,601 – 55,300	<input type="checkbox"/> Above 55,301
6	<input type="checkbox"/> Below 35,580	<input type="checkbox"/> 35,581 - 37,150	<input type="checkbox"/> 37,151 – 59,400	<input type="checkbox"/> Above 59,401
7	<input type="checkbox"/> Below 39,700	<input type="checkbox"/> Below 39,700	<input type="checkbox"/> 39,701 – 63,500	<input type="checkbox"/> Above 63,501
8	<input type="checkbox"/> Below 42,250*	<input type="checkbox"/> Below 42,250	<input type="checkbox"/> 42,251 - 67,600	<input type="checkbox"/> Above 67,601

*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:

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 ___

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 _____