

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

<u>FAMILY SIZE:</u> (Please Circle one)	<u>FAMILY INCOME:</u> (Please check one)			
	30%	50%	80%	Above 80%
1	Below 16,450	16,451 - 27,450	27,451 - 43,900	Above 43,901
2	Below 18,800	18,801 - 31,350	31,351 - 50,150	Above 50,151
3	Below 21,960	21,961 - 32,250	32,251 - 56,400	Above 56,401
4	Below 26,500	26,501 - 39,150	39,151 - 62,650	Above 62,651
5	Below 31,040	31,041 - 42,300	42,301 - 67,700	Above 67,701
6	Below 35,580	35,581 - 45,450	45,451 - 72,700	Above 72,701
7	Below 40,120	40,121 - 48,550	48,551 - 77,700	Above 77,701
8	Below 44,660	44,661 - 51,700	51,701 - 82,700	Above 82,701

**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 \_\_\_\_\_