

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>		<u>FAMILY INCOME:</u>			
(Please Circle one)		(Please check one)			
	30%	50%	80%	Above 80%	
1	____ Below 15,550	____ 15,551 - 25,900	____ 25,901 - 41,400	____ Above 41,401	
2	____ Below 17,750	____ 17,751 - 29,600	____ 29,601 - 47,300	____ Above 47,301	
3	____ Below 21,330	____ 21,331 - 33,000	____ 33,001 - 53,200	____ Above 53,201	
4	____ Below 25,750	____ 25,751 - 36,950	____ 36,951 - 59,100	____ Above 59,101	
5	____ Below 30,170	____ 30,171 - 39,950	____ 39,951 - 63,850	____ Above 63,851	
6	____ Below 34,590	____ 34,591 - 42,900	____ 42,901 - 68,600	____ Above 68,601	
7	____ Below 39,010	____ 39,011 - 45,850	____ 45,851 - 73,300	____ Above 73,301	
8	____ Below 43,430	____ 43,431 - 48,800	____ 48,801 - 78,050	____ Above 78,051	

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