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 check one)

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8

**FAMILY INCOME:**
(Please Circle one)

- [ ] Below 18,350
- [ ] 18,351 - 30,600
- [ ] 30,601 - 48,950
- [ ] Above 48,951
- [ ] 21,001 - 35,000
- [ ] 35,001 - 55,950
- [ ] Above 55,951
- [ ] 23,600 - 39,350
- [ ] 39,351 - 62,950
- [ ] Above 62,951
- [ ] 27,751 - 43,700
- [ ] 43,701 - 69,900
- [ ] Above 69,901
- [ ] 32,471 - 47,200
- [ ] 47,201 - 75,500
- [ ] Above 75,501
- [ ] 37,191 - 50,700
- [ ] 50,701 – 81,100
- [ ] Above 81,101
- [ ] 41,911 - 54,200
- [ ] 54,201 - 86,700
- [ ] Above 86,701
- [ ] 46,630 – 57,700
- [ ] 57,701 - 92,300
- [ ] Above 92,300

**BENEFICIARY INFORMATION:**

**Individual Race:** Indicate by placing an “X” on the appropriate line:

- [X] 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.

____________________________________________________________

TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ___ NON-LMI___

____________________________________________________________

Effective 4/1/2022