

**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.

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**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	<input type="checkbox"/> Below 18,350	<input type="checkbox"/> 18,351 - 30,600	<input type="checkbox"/> 30,601 - 48,950	<input type="checkbox"/> Above 48,951	
2	<input type="checkbox"/> Below 21,000	<input type="checkbox"/> 21,001 - 35,000	<input type="checkbox"/> 35,001 - 55,950	<input type="checkbox"/> Above 55,951	
3	<input type="checkbox"/> Below 23,600	<input type="checkbox"/> 23,601 - 39,350	<input type="checkbox"/> 39,351 - 62,950	<input type="checkbox"/> Above 62,951	
4	<input type="checkbox"/> Below 27,750	<input type="checkbox"/> 27,751 - 43,700	<input type="checkbox"/> 43,701 - 69,900	<input type="checkbox"/> Above 69,001	
5	<input type="checkbox"/> Below 32,470	<input type="checkbox"/> 32,471 - 47,200	<input type="checkbox"/> 47,201 - 75,500	<input type="checkbox"/> Above 75,501	
6	<input type="checkbox"/> Below 37,190	<input type="checkbox"/> 37,191 - 50,700	<input type="checkbox"/> 50,701 - 81,100	<input type="checkbox"/> Above 81,101	
7	<input type="checkbox"/> Below 41,910	<input type="checkbox"/> 41,911 - 54,200	<input type="checkbox"/> 54,201 - 86,700	<input type="checkbox"/> Above 86,701	
8	<input type="checkbox"/> Below 46,630	<input type="checkbox"/> 46,631 - 57,700	<input type="checkbox"/> 57,701 - 92,300	<input type="checkbox"/> Above 92,301	

**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