

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.

FAMILY SIZE:

(Please Circle one)

FAMILY INCOME:

(Please check one)

	30%	50%	80%	Above 80%
1	Below 22,350	22,351 - 37,250	37,251 - 59,600	Above 59,601
2	Below 25,550	25,551 - 42,600	42,601 - 68,100	Above 68,101
3	Below 28,750	28,751 - 47,900	47,901 - 76,600	Above 76,601
4	Below 33,000	33,001 - 53,200	53,201 - 85,100	Above 85,101
5	Below 38,680	38,681 - 57,550	57,551 - 91,950	Above 91,951
6	Below 44,360	44,361 - 61,750	61,751 - 98,750	Above 98,751
7	Below 50,040	50,041 - 66,000	66,001 - 105,550	Above 105,551
8	Below 55,720	55,721 - 70,250	70,251 - 112,350	Above 112,351

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 _____