

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
SOMERSET 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.

	FAMILY INCOME:			
	(Please check one)			
FAMILY SIZE: (Please Circle one)	30%	50%	80%	Above 80%
1	Below 15,050	15,051 - 25,100	25,101 - 40,100	Above 40,101
2	Below 18,310	18,311 - 28,650	28,651 - 45,800	Above 45,801
3	Below 23,030	23,031 - 32,250	32,251 - 51,550	Above 51,551
4	Below 27,750	27,751 - 35,800	35,801 - 57,250	Above 57,251
5	Below 32,470	32,471 - 38,700	38,701 - 61,850	Above 61,851
6	Below 37,190	37,191 - 41,550	41,551 - 66,450	Above 66,451
7	Below 41,910	41,911 - 44,400	44,401 - 71,000	Above 71,001
8	Below 46,630	46,631 - 47,300	47,301 - 75,600	Above 75,601

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low income. Consequently the 30% income limits may equal the 50% income limits

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 _____