

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 WALDO 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 SIZE: (Please Circle one)	FAMILY INCOME: (Please check one)			
	30%	50%	80%	Above 80%
1	Below 16,050	16,051 - 26,750	26,751 - 42,750	Above 42,751
2	Below 19,720	19,721 - 30,550	30,551 - 48,850	Above 48,851
3	Below 24,860	24,861 - 34,350	34,351 - 54,950	Above 54,951
4	Below 27,750	27,751 - 36,050	36,051 - 57,800	Above 57,801
5	Below 35,140	35,141 - 41,250	41,251 - 65,950	Above 65,951
6	Below 40,280	40,281 - 44,300	44,301 - 70,850	Above 70,851
	Below 45,420	45,421 - 47,350	47,351 - 75,750	Above 75,751
8	Below 50,400*	50,400	50,401 - 80,600	Above 80,601

*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 _____