

**TOWN/CITY OF \_\_\_\_\_**  
**BENEFIT DATA INFORMATION SHEET**  
 WASHINGTON 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 14,150	14,151 - 23,600	23,601 - 37,700	Above 37,701
2	Below 17,240	17,241 - 26,950	26,951 - 43,100	Above 43,101
3	Below 21,720	21,721 - 30,300	30,301 - 48,500	Above 48,501
4	Below 26,200	26,201 - 33,650	33,651 - 53,850	Above 53,851
5	Below 30,680	30,681 - 36,350	36,351 - 58,200	Above 58,201
6	Below 35,160	35,161 - 39,050	39,051 - 62,500	Above 62,501
7	Below 39,640	39,641 - 41,750	41,751 - 66,800	Above 66,801
8	Below 44,120*	Below 44,450	44,451 - 71,100	Above 71,101

\*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 \_\_\_\_\_