

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 YORK COUNTY/YORK/KITTERY

(Select portions of York County, see list of communities below)

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 (Circle One)	FAMILY INCOME (Please Check one)				Berwick, Eliot, Kittery, South Berwick, York
	30%	50%	80%	Above 80%	
1	____ Below 20,050	____ 20,051 - 33,400	____ 33,401 - 52,850	____ Above 52,851	
2	____ Below 22,900	____ 22,901 - 38,150	____ 38,151 - 60,400	____ Above 60,401	
3	____ Below 25,570	____ 25,571 - 42,900	____ 42,901 - 67,950	____ Above 67,951	
4	____ Below 28,600	____ 28,601 - 47,650	____ 47,651 - 75,500	____ Above 75,501	
5	____ Below 30,900	____ 30,901 - 51,500	____ 51,501 - 81,550	____ Above 81,551	
6	____ Below 34,590	____ 34,591 - 55,300	____ 55,301 - 87,600	____ Above 87,601	
7	____ Below 39,010	____ 39,011 - 59,100	____ 59,501 - 93,650	____ Above 93,651	
8	____ Below 43,430	____ 43,431 - 62,900	____ 62,901 - 99,700	____ Above 99,701	

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 ____

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 _____