

**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.

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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<br>(Circle One) | FAMILY INCOME (Please Check one)      |                                          |                                           |                                        | Berwick, Eliot, Kittery, South Berwick, York |
|-----------------------------|---------------------------------------|------------------------------------------|-------------------------------------------|----------------------------------------|----------------------------------------------|
|                             | 30%                                   | 50%                                      | 80%                                       | Above 80%                              |                                              |
| 1                           | <input type="checkbox"/> Below 24,150 | <input type="checkbox"/> 24,151 - 40,250 | <input type="checkbox"/> 40,251 - 62,600  | <input type="checkbox"/> Above 62,601  |                                              |
| 2                           | <input type="checkbox"/> Below 27,600 | <input type="checkbox"/> 27,601 - 46,000 | <input type="checkbox"/> 46,001 - 71,550  | <input type="checkbox"/> Above 71,551  |                                              |
| 3                           | <input type="checkbox"/> Below 31,050 | <input type="checkbox"/> 31,051 - 51,750 | <input type="checkbox"/> 51,751 - 80,500  | <input type="checkbox"/> Above 80,501  |                                              |
| 4                           | <input type="checkbox"/> Below 34,500 | <input type="checkbox"/> 34,501 - 57,500 | <input type="checkbox"/> 57,501 - 89,400  | <input type="checkbox"/> Above 89,401  |                                              |
| 5                           | <input type="checkbox"/> Below 37,300 | <input type="checkbox"/> 37,301 - 62,100 | <input type="checkbox"/> 62,101 - 96,600  | <input type="checkbox"/> Above 96,601  |                                              |
| 6                           | <input type="checkbox"/> Below 40,050 | <input type="checkbox"/> 40,051 - 66,700 | <input type="checkbox"/> 66,701 - 103,750 | <input type="checkbox"/> Above 103,751 |                                              |
| 7                           | <input type="checkbox"/> Below 42,800 | <input type="checkbox"/> 42,801 - 71,300 | <input type="checkbox"/> 71,301 - 110,900 | <input type="checkbox"/> Above 110,901 |                                              |
| 8                           | <input type="checkbox"/> Below 46,630 | <input type="checkbox"/> 46,631 - 75,900 | <input type="checkbox"/> 75,901 - 118,050 | <input type="checkbox"/> Above 118,051 |                                              |

**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

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI \_\_\_ NON-LMI \_\_\_

\_\_\_\_\_  
 Signature of authorized official Date