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.

Berwick, Eliot, Kittery, South Berwick, York

FAMILY SIZE (Circle One)	FAMILY INCOME (Please Check one)			
	30%	50%	80%	Above 80%
1	____ Below 27,900	___ 27,901 - 46,550	____ 46,551 – 74,450	____ Above 74,451
2	____ Below 31,900	___ 31,901 – 53,200	____ 53,201 – 85,050	____ Above 85,051
3	____ Below 35,900	___ 35,901 - 59,850	____ 59,851 - 95,700	____ Above 95,701
4	____ Below 39,850	___ 39,851 - 66,450	___ 66,451 – 106,300	____ Above 106,301
5	____ Below 43,050	___ 43,051 - 71,800	____ 71,801 - 114,850	____ Above 114,851
6	____ Below 44,650	___ 44,651 - 74,400	___ 74,401 - 119,000	____ Above 119,001
7	____ Below 50,040	___ 50,041 – 82,400	____ 82,401 - 131,850	____ Above 131,851
8	____ Below 55,720	___ 55,721 – 87,750	____ 87,751 - 140,350	____ Above 140,351

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