

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 FRANKLIN COUNTY

Date: _____

CDBG PROGRAM TYPE _____

The Town/City of _____ is currently preparing an application for Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are to: _____

For the proposed activities, the CDBG program requires proof of providing benefit to low and moderate-income persons. Therefore, the community is surveying the potential beneficiaries to ensure compliance with the regulations of the CDBG Program. You may be asked to provide additional in-depth income information.

Your response to the following questions is critical in finalizing the application process. All responses will be kept confidential and used solely for securing CDBG grant funds.

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Name (optional): _____ Survey # _____

Address: _____

Please place an "X" in the appropriate spaces pertaining to your family's size and annual income ***In determining total family income use your total gross income for the 12 month period prior to completing this form.***

FAMILY SIZE INCOME

1	\$37,700	Above _____	Below _____
2	43,100	Above _____	Below _____
3	48,500	Above _____	Below _____
4	53,850	Above _____	Below _____
5	58,200	Above _____	Below _____
6	62,500	Above _____	Below _____
7	66,800	Above _____	Below _____
8	71,100	Above _____	Below _____

BENEFICIARY INFORMATION:

Family Race: Indicate by putting a number on the appropriate line

White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____
 Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native & White _____
 Asian & White _____ Black/African American & White _____
 American Indian/Alaskan Native & Black/African American _____

Family Make-up: Enter number of elderly or severely disabled family members and indicate with an "X" if a female head of household is present

Number of Elderly: _____
 Number of Severely Disabled: _____
 Female Head of Household: Yes _____ No _____

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI _____ NON LMI _____

 Signature of authorized official Date