

WASHINGTON COUNTY

Date:	_	CDBG PROGRAM TYPE		
The Town/City of Community Development Blo Community Development. The		from the State of Maine	e, Department of Economic and	
For the proposed active moderate-income persons. To compliance with the regulation		γ is surveying the poten		
Your response to the will be kept confidential and u			plication process. All responses	
Name (optional):Address:			ırvey #	
Please place an "X" in the ap *In determining total family completing this form.*			e, annual income and makeup 12 month period prior to	
FAMILY SIZE INCOME				
2 41,500 Above 3 46,700 Above 4 51,850 Above 5 56,000 Above 6 60,150 Above 7 64,300 Above	Below Belo			
BENEFICIARY INFORMATION	DN:			
Family Race: Indicate by put	ting a number on the app	propriate line		
White Black/African A Native Hawaiian/Other Pacific Asian & White American Indian/Alaskan Nat	c IslanderAmerican Bl	Indian/Alaskan Native ack/African American &	& White	
Family Make-up: Enter number female head of household is	•	disabled family member	ers and indicate with an "X" if a	
Number of Elderly: Number of Severely Disabled Female Head of Household:	Yes No			
TO BE FILLED OUT BY INDE			NON LMI	
Signature of authorized official				
SIGNATURE OF AUTHORIZED OFFICIA	41	Date		