TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
YORK COUNTY/York/Kittery
(Select portions of York County, see below)

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.

     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, annual income and makeup
*In determining total family income use your total gross income for the 12 month period prior to completing this form

FAMILY SIZE INCOME

1	$52,850	Above ____	Below _____		
2	60,400	Above ____	Below _____		Berwick , Eliot , Kittery , South
3	67,950	Above ____	Below _____		Berwick ,York
4	75,500	Above ____	Below _____		
5	81,550	Above ____	Below _____		
6	87,600	Above ____	Below _____		
7	93,650	Above ____	Below _____		
8	99,700	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