TOWN/CITY OF
BENEFIT DATA INFORMATION SHEET
YORK COUNTY
(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.

Name (optional): ____________________________________________
Address: ____________________________________________
Survey # ______

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

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$51,350</td>
</tr>
<tr>
<td>2</td>
<td>58,700</td>
</tr>
<tr>
<td>3</td>
<td>66,050</td>
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<tr>
<td>4</td>
<td>73,350</td>
</tr>
<tr>
<td>5</td>
<td>79,250</td>
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<tr>
<td>6</td>
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</tr>
<tr>
<td>7</td>
<td>91,000</td>
</tr>
<tr>
<td>8</td>
<td>96,850</td>
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</tbody>
</table>

BENEFICIARY INFORMATION:

Family Race: Indicate by putting an "X" 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 ______

________________________________________

Signature of authorized official Date

REVISED 4/2022

Effective 4/1/2022