

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.

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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	\$ 59,850	Above _____	Below _____	Acton , Alfred , Arundel , Biddeford, Cornish , Dayton, Kennebunk, Kennebunkport ,Lebanon , Limerick , Lyman , Newfield, North Berwick, Ogunquit , Parsonsfield , Saco , Sanford, Shapleigh, Waterboro, Wells, and Old Orchard Beach.
2	68,400	Above _____	Below _____	
3	76,950	Above _____	Below _____	
4	85,450	Above _____	Below _____	
5	92,300	Above _____	Below _____	
6	99,150	Above _____	Below _____	
7	106,000	Above _____	Below _____	
8	112,800	Above _____	Below _____	

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 _____

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

Signature of authorized official _____

Date _____