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.

*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></th>
<th>$54,950</th>
<th>Above</th>
<th>Below</th>
<th>Berwick, Eliot, Kittery, South</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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<td>Below</td>
<td>Berwick, York</td>
</tr>
<tr>
<td>3</td>
<td>70,650</td>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>5</td>
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</tr>
<tr>
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<tr>
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</tr>
<tr>
<td>8</td>
<td>103,650</td>
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<td></td>
</tr>
</tbody>
</table>

## BENEFICIARY INFORMATION:

### Family Race:

- 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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Signature of authorized official Date

Revised 4/2020

Effective 4/1/2020