

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 ANDROSCOGGIN COUNTY
 (Uses Lewiston/Auburn MSA)

Date: _____

CDBG EDP SURVEY #: _____

The Town/City of _____ has been awarded Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are: _____

For the proposed activities, the CDBG program requires documentation of program benefit. Therefore, the community is surveying the potential beneficiaries ensuring compliance with CDBG program regulations.

Your response to the following questions is critical for meeting CDBG program requirements. All responses are confidential and used solely for securing CDBG grant funds. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Please return this form to _____ as soon as possible. If you have questions, please contact _____** Thank you for your cooperation.

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In determining total family income use your total gross income for the 12 month period prior to completing this form.

<u>FAMILY SIZE:</u> (Please Circle one)	<u>FAMILY INCOME:</u> (Please check one)			
	30%	50%	80%	Above 80%
1	Below 17,300	17,301 - 28,850	28,851 - 46,150	Above 46,151
2	Below 20,440	20,441 - 33,000	33,001 - 52,750	Above 52,751
3	Below 25,820	25,821 - 37,100	37,101 - 59,350	Above 59,351
4	Below 31,200	31,201 - 41,200	41,201 - 65,900	Above 65,901
5	Below 36,580	36,581 - 44,500	44,501 - 71,200	Above 71,201
6	Below 41,960	41,961 - 47,800	47,801 - 76,450	Above 76,451
7	Below 47,340	47,341 - 51,100	51,101 - 81,750	Above 81,751
8	Below 52,720	52,721 - 54,400	54,401 - 87,000	Above 87,001

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low income. Consequently the 30% income limits may equal the 50% income limits

BENEFICIARY INFORMATION:

Individual Race: Indicate by placing an "X" on the appropriate line:

White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ Asian & White ___
 American Indian/Alaskan Native & White ___ Black/African American & White ___ American Indian/Alaskan Native & Black/African American ___ Other ___

Individual Make-up: Indicate by placing an "X" on the appropriate lines:

Elderly: ___ Severely Disabled: ___ Female Head of Household? Yes ___ No ___ Before taking this job were you employed? Yes ___ No ___

I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the Town/City of _____, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

 Signature Printed Name Date

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ___ NON-LMI ___

 Signature of authorized official Date