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.

FAMILY SIZE: FAMILY INCOME:
(Please Circle one)   (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	____ 52,720 – 54,000	____ 54,001 - 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
==
TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ___   NON-LMI___

_____
Signature of authorized official   Date