

**TOWN/CITY OF \_\_\_\_\_**  
**BENEFIT DATA INFORMATION SHEET**  
 KENNEBEC COUNTY

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.\***

Please circle your family size and place a check mark on the corresponding line for the income level for your family size.

**FAMILY SIZE:**

(Please Circle one)

**FAMILY INCOME:**

(Please check one)

	30%	50%	80%	Above 80%
1	Below 18,300	18,301 – 30,450	30,451 – 48,750	Above 48,751
2	Below 20,900	20,901 – 34,800	34,801 – 55,700	Above 55,701
3	Below 25,820	25,821 – 39,150	39,151 – 62,650	Above 62,651
4	Below 31,200	31,201 – 43,500	43,501 – 69,600	Above 69,601
5	Below 36,580	36,581 – 47,000	47,001 – 75,200	Above 75,201
6	Below 41,960	41,961 – 50,500	50,501 – 80,750	Above 80,751
7	Below 47,340	47,341 – 53,950	53,951 – 86,350	Above 86,551
8	Below 52,720	52,721 - 57,450	57,451 – 91,900	Above 91,901

\*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:**

**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 \_\_\_ Asian & White \_\_\_  
 American Indian/Alaskan Native & White \_\_\_ Black/African American & White \_\_\_ American Indian/Alaskan Native & Black/African American \_\_\_ Other \_\_\_

**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 \_\_\_ 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 that Town/City of \_\_\_\_\_, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.**

\_\_\_\_\_  
 Signature Date

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI \_\_\_ NON-LMI \_\_\_

\_\_\_\_\_  
 Signature of authorized official Date