

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 KNOX 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.

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

FAMILY SIZE: (Please Circle one)	FAMILY INCOME: (Please check one)			
	30%	50%	80%	Above 80%
1	Below 19,250	19,251 - 32,100	32,101-- 51,350	Above 51,351
2	Below 22,000	22,001 - 36,650	36,651 - 58,650	Above 58,651
3	Below 25,820	25,821 - 41,250	41,251 - 66,000	Above 66,001
4	Below 31,200	31,201 - 45,800	45,801 - 73,300	Above 73,301
5	Below 36,580	36,581 - 49,500	49,501 - 79,200	Above 79,201
6	Below 41,960	41,961 - 53,150	53,151 - 85,050	Above 85,051
7	Below 47,340	47,341 - 56,800	56,801 - 90,900	Above 90,901
8	Below 52,720	52,721 - 60,500	60,501 - 96,800	Above 96,801

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