

**TOWN/CITY OF \_\_\_\_\_**  
**BENEFIT DATA INFORMATION SHEET**  
 LINCOLN 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 19,700	19,701 - 32,800	32,801 - 52,500	Above 52,501
2	Below 22,500	22,501 - 37,500	37,501 - 60,000	Above 60,001
3	Below 25,820	25,821 - 42,150	42,151 - 67,450	Above 67,451
4	Below 31,200	31,201 - 46,850	46,851 - 74,950	Above 74,951
5	Below 36,580	36,581 - 50,600	50,601 - 80,950	Above 80,951
6	Below 41,960	41,961 - 54,350	54,351 - 86,950	Above 86,951
7	Below 47,340	47,341 - 58,100	58,101 - 92,950	Above 92,951
8	Below 52,720	52,721 - 61,850	61,851 - 98,950	Above 98,951

\*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 \_\_\_\_\_