

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 SAGADAHOC 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.

<u>FAMILY SIZE:</u> (Please Circle one)	<u>FAMILY INCOME:</u> (Please check one)			
	30%	50%	80%	Above 80%
1	Below 20,450	20,451 - 34,100	34,101 - 54,500	Above 54,501
2	Below 23,400	23,401 - 38,950	38,951 - 62,300	Above 62,301
3	Below 26,300	26,301 - 43,800	43,801 - 70,100	Above 70,101
4	Below 31,200	31,201 - 48,650	48,651 - 77,850	Above 77,851
5	Below 36,580	36,581 - 52,550	52,551 - 84,100	Above 84,101
6	Below 41,960	41,961 - 56,450	56,451 - 90,350	Above 90,351
7	Below 47,340	47,341 - 60,350	60,351 - 96,550	Above 96,551
8	Below 52,720	52,721 - 64,250	64,251 - 102,800	Above 102,801

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