

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
 YORK COUNTY/YORK/KITTERY

(Select portions of York County, see list of communities below)

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 (Circle One)	FAMILY INCOME (Please Check one)			
	30%	50%	80%	Above 80%
1	Below 26,400	26,401 - 43,950	43,951 - 68,500	Above 68,501
2	Below 30,150	30,151 - 50,200	50,201 - 78,250	Above 78,251
3	Below 33,900	33,901 - 56,500	56,501 - 88,050	Above 88,051
4	Below 37,650	37,651 - 62,750	62,751 - 97,800	Above 97,801
5	Below 40,700	40,701 - 67,800	67,801 - 105,650	Above 105,651
6	Below 43,700	43,701 - 72,800	72,801 - 113,450	Above 113,451
7	Below 47,340	47,341 - 77,850	77,851 - 121,300	Above 121,301
8	Below 52,720	52,721 - 82,850	82,851 - 129,100	Above 129,101

Berwick, Eliot, Kittery, South Berwick, York

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 ___

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 _____