TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
FRANKLIN COUNTY

Date:_____ CDBG PROGRAM TYPE _____

The Town/City of _____ is currently preparing an application for Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are to: _____

_____

For the proposed activities, the CDBG program requires proof of providing benefit to low and moderate-income persons. Therefore, the community is surveying the potential beneficiaries to ensure compliance with the regulations of the CDBG Program. You may be asked to provide additional in-depth income information.

Your response to the following questions is critical in finalizing the application process. All responses will be kept confidential and used solely for securing CDBG grant funds.

==========

Name (optional): _____ Survey # ____
Address: _____

Please place an "X" in the appropriate spaces pertaining to your family's size and annual income
In determining total family income use your total gross income for the 12 month period prior to completing this form.

FAMILY SIZE	INCOME		
1	$28,850	Above _____	Below _____
2	33,000	Above _____	Below _____
3	37,100	Above _____	Below _____
4	41,200	Above _____	Below _____
5	44,500	Above _____	Below _____
6	47,800	Above _____	Below _____
7	51,100	Above _____	Below _____
8	54,400	Above _____	Below _____

BENEFICIARY INFORMATION:
Family Race: Indicate by putting a number on the appropriate line

White ____ Black/African American ____ Asian ____ American Indian/Alaskan Native ____
Native Hawaiian/Other Pacific Islander ____ American Indian/Alaskan Native & White ____
Asian & White ____ Black/African American & White ____
American Indian/Alaskan Native & Black/African American ___

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 _____

==========

TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ____ NON LMI ____

_____
Signature of authorized official Date