ATTACHMENT 1c: CDBG PROGRAM INDIVIDUAL BENEFICIARY REPORTING

Family Income Statement for Economic Development

CDBG

Human Resources Director: _____ **Phone Number:_____**

Please indicate all the following that apply to you

Racial Categories

- ☐ 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
- ☐ Other Multi Racial

Ethnicity

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture of origin regardless of race)
- ☐ Not Hispanic or Latino

Other

- ☐ Over the age of 62
- ☐ Disabled
- ☐ Female Head of Household

Number of persons in family __1*_____

	Income Limits FY 2020		
Family Size	**<30%**	**31-50%**	**51-80%**
1	$16,000	$26,600	$42,600

Please circle income category: <30%, 31%-50%, or 51%-80%.

To calculate family income, please use the gross income reported on the most recent income tax return. For self employed individuals the gross income must be used.

***Use of HUD Waiver Docket No. FR-6218-N-01, Section III.B.5.(d)(iii) LMI Job Creation and Retention Records.**

Job Title/Classification:_____

Average number of hours worked per week_____

Full Time Employee (Y/N) _____

Rate of pay per hour $_____

Are you paid benefits (Y/N)_____

Employee/Applicant Name (print) _____ Previously Employed? (Y/N) _____

Address:_____ Date of Hire? _____

Signature:_____ Today's Date:_____

Rev. September 2020

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The information provided is correct to the best of my knowledge. I understand that this information is subject to verification.

Please Note: *Your employer has been assisted with Community Development Block Grant funds. This form must be completed to comply with Federal regulations.*