

REQUIRED

Name of Community: _____

Business Name: _____

Full Time

Part Time

HRs/WK _____

FAMILY INCOME FORM

The employment position for which you are applying has been made available with financial assistance from _____ (Name of Community) using Federal Community Development Block Grant Funding. As a result, the employer is required to obtain the following information:

Name: _____ Job Title: _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who **currently** resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Circle the appropriate family size below. Next, total the income from all sources received during the last calendar year (January - December) by yourself and each member of your family who **currently** resides with you. Income includes wages, salaries, tips, business income, interest, dividends, the taxable portion of pensions and annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, and social security; less alimony paid and unreimbursed employee business expenses calculated consistent with IRS Form 2106. Compare this total to the figure listed for the circled family size and indicate which range your family income falls within by checking the appropriate box.

My Family Income is (check one) County/MSA (office use): _____

Family Size (Circle)	< 30% Median	30% - 50% Median	50% - 80% Median	> 80% Median
1	0 -	-	-	- or more
2	0 -	-	-	- or more
3	0 -	-	-	- or more
4	0 -	-	-	- or more
5	0 -	-	-	- or more
6	0 -	-	-	- or more
7	0 -	-	-	- or more
8	0 -	-	-	- or more
9+	Actual Income: _____			

Race (Required) – Select one option below

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American <i>and</i> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian <i>and</i> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <i>and</i> White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Other Multi-Racial | |

Additional Categories (Optional): “Are you a...” – May select more than one option

- Female Head of Household
 Elderly Person
 Disabled Person

Ethnicity (Optional) – in addition to Race, select if you identify as:

- Hispanic*

**HUD has designated Hispanic as an ethnic group. A person should be identified as both a member of a racial group and an ethnic group when this ethnic group is selected*

Employment Status (Required): “Are you currently employed?” – Select one option below

- Yes
 No

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Office of Community Renewal and the U.S. Department of Housing and Urban Development.

I certify that the information provided herein is true to the best of my knowledge.

Signature _____

Date _____