

## Income Certification for Job Benefit

Worker's Name (Please print): \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

The business listed above is being assisted with Community Development Block Grant funds through a grant agreement between (Grantee's Name) and the Virginia Department of Housing and Community Development. These are federal funds intended to benefit persons with low- and moderate incomes (LMI). Therefore, you are being asked to provide the information below to establish its record in assisting LMI persons. The information will be kept confidential. If you need assistance or have any questions, please contact (Insert Name) at (Insert Phone #) or (Insert E-mail Address).

In what County/City/Town do you reside? \_\_\_\_\_

Were you employed prior to accepting this job? Yes ☐ No ☐Will you be working 35 or more hours per week in your new job? Yes ☐ No ☐

Please check the boxes to all that apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Elderly (over 62 years of age)                                | <input type="checkbox"/> Native Hawaiian or Pacific Islander               |
| <input type="checkbox"/> Female Head of Household (at least one child under age of 18) | <input type="checkbox"/> American Indian or Alaska Native and White        |
| <input type="checkbox"/> Person with Disability  | <input type="checkbox"/> Asian and White                                   |
| <input type="checkbox"/> Hispanic/Latino   | <input type="checkbox"/> Black or African American and White               |
| <input type="checkbox"/> White   | <input type="checkbox"/> Am. Indian/Alaska Native and Black or African Am. |
| <input type="checkbox"/> Black or African American                                     | <input type="checkbox"/> Balance (more than one race)                      |
| <input type="checkbox"/> American Indian/Alaska Native                                 |  |
| <input type="checkbox"/> Asian   |  |

Find the line for your household size and circle the number. Proceed along that line and check the appropriate box for whether your household income, over the past 12 months, was above or below the income amount listed on that line.

Persons in Household, including yourself (circle one)	Total Household Income Levels*	Above	Below
1	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
2	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
4	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
6	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

\* Total household income includes wages, unemployment and disability income, public assistance, social security, interest and dividend income and retirement and insurance payments from all adult individuals residing in the household. It does not include income earned by a child under 18 years, foster care payments, hostile fire pay, or inheritance income.

I certify that I have answered this questionnaire to the best of my ability. I understand that the information I have given is subject to verification.

Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grantee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_