

Control Number _____

(NAME OF COMMUNITY)
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 whether it is above or below the listed figure by checking the appropriate box.

My Family Income is (check one)

Family Size (Circle)	<30% Median	30-50% Median	50-80% Median	>80% Median
1				
2				
3				
4				
5				
6				
7				
8				

9 or more _____ **Actual Income \$** _____

- Race:** White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White Asian and White
 Black/African American and White American Indian/Alaskan Native and Black/African American
 Other Multi-Racial Hispanic*

Ethnicity

* 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

- Female Head of Household Elderly Persons Disabled Persons

Currently Employed? Yes or No (circle)

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

NOTICE OF IMPENDING HIRING FOR COVERED JOBS

Fourteen days prior to interviewing for a covered job, this form must be completed and sent to _____ (Name of Community).
 Business DUNS Number _____

JOB TITLE/ EDA JOB CLASSIFICATION	JOB DESCRIPTION	REQUIRED SKILLS/ EDUCATION/EXPERIENCE	HRS/WK	SALARY/WAGE/ HEALTH BENEFITS

To Be Completed By Employer

NOTICE TO BE PUBLISHED IN THE LOCAL NEWSPAPER

_____ (Name of Company) is accepting employment applications for the following positions:
These positions have been made available by the provisions of a grant to _____ from the New York State Office of Community Renewal CDBG. Low-to-moderate income persons as defined by HUD will be given first consideration in hiring. Information can be obtained at _____ (company address) or by calling _____ (company phone #).

JOB APPLICANT LIST

Company Name: _____ Job Applicant List Complete Through: _____
Date

APPLICANT NAME	L/M (0)	UNEMPLOYED (yes/no)	STATUS(0)			JOB TITLE * If not hired, state reason for decision
			HIR	PEN	REJ*	

STATUS:
HIR = Hire
PEN = Pending
REJ = Reject

QUARTERLY HIRING REPORT

Company Name: _____

Reporting Period: _____

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Job Title	Required skills, Education & experience	Hourly wage or Salary	Hours Per Week	Un-employed (yes/no)	Health Benefits Available (yes/no)	L/M Hired (0)	APPLICANTS CONSIDERED				APPLICANTS HIRED			
							Very Low	Low	Mod	Total	Very Low	Low	Mod	Total