

**EMPLOYEE CONFIDENTIAL INCOME RELEASE FORM- FFY
REDEVELOPMENT FUND PROGRAM - _____**

Income Limits

_____ is required by Federal regulation to document that at least 51% of the persons employed during _____'s participation with _____'s Redevelopment Fund (RDF) qualify under federal income criteria. Eligibility is determined by either: 1) an employee's certification that his or her family's income is below the threshold indicated by their family size; or 2) certification by an appropriate authority that an employee is (was) a participant in an approved employment training program or otherwise meets acceptable criteria.

Name or Employee Number: _____ Date of Employment _____

Address: _____

Self-Certification:

Please Circle # of Persons in your Family	FAMILY INCOME CATEGORY					
	Please check your family income in the same row as the number of persons in your family.					
1	_____ \$0 -	_____	-	_____	-	_____ Greater than
2	_____ \$0 -	_____	-	_____	-	_____ Greater than
3	_____ \$0 -	_____	-	_____	-	_____ Greater than
4	_____ \$0 -	_____	-	_____	-	_____ Greater than
5	_____ \$0 -	_____	-	_____	-	_____ Greater than
6	_____ \$0 -	_____	-	_____	-	_____ Greater than
7	_____ \$0 -	_____	-	_____	-	_____ Greater than
8 or more	_____ \$0 -	_____	-	_____	-	_____ Greater than

EMPLOYEE SIGNATURE _____

The following information is not required by law, but required by HUD for statistical purposes:

Unemployed prior to employment with this Company: Yes _____ No _____

Hispanic: Yes _____ No _____ Disabled: _____ Female Head of Household: _____

(Please check all applicable spaces related to your race or ethnic heritage)

_____ Asian _____ Black _____ Native American-White
 _____ Asian-Black _____ Black-White _____ Pacific Islander
 _____ Asian-Pacific Islander _____ Native American _____ White
 _____ Asian-White _____ Native American-Black _____ Other Multi-Racial (Specify) _____

2) Government Agency Assistance Questionnaire:

<i>The applicant and/or employee is (or prior to employment was) check all that apply.</i>	YES	NO
1) A participant in a Ga. Dept. of Technical and Adult Education sponsored employment training program while a participant in the New Connections To Work Program (individuals who are currently welfare participants);		
2) A participant in the Ga. Dept. of Human Resource's Temp. Assistance to Needy Families (TANF, formerly AFDC) program;		
3) A resident of public housing		
4) A registered participant in a "non-core" Workforce Investment Act (WIA) training service or program;		
5) A participant in the Ga. Dept. of Human Resource's Job Opportunities for Basic Skills (JOBS) program		
6) A recipient of Supplemental Social Security		
7) A recipient of food stamps;		
8) Residing in a geographic area designated as a federal Empowerment Zone or Enterprise Community		
9) Business(es) operate(s) within a Census Tract that has a poverty rate of at least 20%.		

THIS INFORMATION BELOW IS ONLY APPLICABLE IF A BOX HAS BEEN CHECKED "YES" ABOVE.

GOVERNMENT AGENCY ASSISTANCE CERTIFICATION:

Authorized Government Agency/Educational Institution _____

Signature/Title of Authorized Agency Completing this Certification _____ Title _____

Date: _____

**(EMPLOYER CONFIDENTIAL INFORMATION RELEASE FORM SUMMARY)-FFY
REDEVELOPMENT FUND PROGRAM – _____**

Income Limits

_____ is required by Federal regulation according to the terms of an Redevelopment Fund (RDF) grant agreement to document certain statistical data of persons employed during _____'s participation with _____'s Redevelopment Fund (RDF). This form is used to compile statistical data only.

Self-Certification Results

How many employees belong to the following groups (Category)?

(Required)

Category	#Employees
Hispanic	
Non-Hispanic	
Total	

(Required)

Category	#Employees
Asian	
Asian-Black	
Asian-Pacific Islander	
Asian-White	
Black	
Black-White	
Native American	
Native American-Black	
Native American-White	
Pacific Islander	
White	
Other Multi-Racial (specify)	
Total	

(If applicable)

Category	#Employees
Disabled	
Female Head of Household	

Number of jobs with employer sponsored health care benefits: _____

Number unemployed prior to taking jobs created by this Company: _____

AUTHORIZED COMPANY OFFICIAL AND (IF APPLICABLE) GOVERNMENT AGENCY EMPLOYEE ASSISTING WITH CERTIFICATION:

Authorized Company Official:

Date _____ Signature _____ Title _____

(If Applicable)

Authorized Government Agency/Educational Institution _____

(Required)

Category (Jobs)	#Employees	Total Hours/Week
Full-time		NA
Full-time LMI		NA
Part-time		
Part-time LMI		

(Required)

Category (LMI status as a % of Median Income)	#Employees
Extra Low Income (30% or less)	
Low Income (31%-50%)	
Moderate Income (51%-80%)	
Non-LMI (80% or greater)	
Total	

(Required)

Category	#Employees
Officials/Managers	
Professionals	
Technicians	
Sales	
Office/Clerical	
Craft workers	
Operatives	
Laborers	
Service workers	
Total	

EMPLOYEE CONFIDENTIAL INFORMATION RELEASE FORM SUMMARY – FFY _____ Income Limits
REDEVELOPMENT FUND PROGRAM – _____
(20% or greater Population in Poverty – Census Tract and/or Block Group)

_____ is required by Federal regulation according to the terms of an Redevelopment Fund (RDF) grant agreement to document certain statistical data of persons employed during _____'s participation with _____'s Redevelopment Fund (RDF). This form is used to compile statistical data only.

Name or Employee Number: _____ Date of Employment _____

Address: _____

Employee Signature: _____

Self-Certification

The following information is not required by law, but required by HUD for statistical purposes:

- Unemployed prior to employment with Company: Yes _____ No _____
- Hispanic: Yes _____ No _____
- Disabled: _____
- Female Head of Household: _____

(Please check all applicable spaces related to your race or ethnic heritage)

- _____ Asian
- _____ Asian-Black
- _____ Asian-Pacific Islander
- _____ Asian-White
- _____ Black
- _____ Black-White
- _____ Native American
- _____ Native American-Black
- _____ Native American-White
- _____ Pacific Islander
- _____ White
- _____ Other Multi-Racial (Specify) _____

(EMPLOYER CONFIDENTIAL INFORMATION RELEASE FORM SUMMARY)–FFY _____ Income Limits
REDEVELOPMENT FUND PROGRAM – _____
(20% or greater Population in Poverty – Census Tract and/or Block Group)

_____ is required by Federal regulation according to the terms of an Redevelopment Fund (RDF) grant agreement to document certain statistical data of persons employed during _____'s participation with _____'s Redevelopment Fund (RDF). This form is used to compile statistical data only.

Self-Certification Results

How many employees belong to the following groups (Category)?

(Required)

Category	#Employees
Hispanic	
Non-Hispanic	
Total	

(Required)

Category (Jobs)	#Employees	Total Hours/Week
Full-time LMI		NA
Part-time LMI		

(All jobs presumed to be held by LMI persons)

(Required)

Category	#Employees
Asian	
Asian-Black	
Asian-Pacific Islander	
Asian-White	
Black	
Black-White	
Native American	
Native American-Black	
Native American-White	
Pacific Islander	
White	
Other Multi-Racial (specify)	
Total	

(Required)

Category	#Employees
Officials/Managers	
Professionals	
Technicians	
Sales	
Office/Clerical	
Craft workers	
Operatives	
Laborers	
Service workers	
Total	

Number of jobs with employer sponsored health care benefits: _____

(If applicable)

Category	#Employees
Disabled	
Female Head of Household	

Number unemployed prior to taking jobs created under this activity: _____

AUTHORIZED COMPANY OFFICIAL AND (IF APPLICABLE) GOVERNMENT AGENCY EMPLOYEE ASSISTING WITH CERTIFICATION:

Authorized Company Official:

Date _____ Signature _____ Title _____

(If Applicable)

Authorized Government Agency/Educational Institution _____

Date _____ Signature _____ Title _____