

**EMPLOYEE CONFIDENTIAL INFORMATION RELEASE FORM SUMMARY – FFY      Income Limits**  
**EMPLOYMENT INCENTIVE PROGRAM – (City/County)**  
**(20% or greater Population in Poverty – Census Tract and/or Block Group)**

**(City/County)** is required by Federal regulation according to the terms of an Employment Incentive Program (EIP) grant agreement to document certain statistical data of persons employed during **(Company)**'s participation with **(City/County)**'s Employment Incentive Program (EIP). 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) \_\_\_\_\_