

**EMPLOYEE CONFIDENTIAL INCOME RELEASE FORM- FFY
EMPLOYMENT INCENTIVE PROGRAM – (City/County)**

Income Limits

(City/County) is required by Federal regulation to document that at least 51% of the persons employed during (Company)’s participation with the (City/County)’s Employment Incentive Program (EIP) 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: _____