

**REQUIRED**

Name of Community: \_\_\_\_\_

Business Name: \_\_\_\_\_ CFA ID: \_\_\_\_\_

Full Time  
Part Time

HRs/WK \_\_\_\_\_

**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 which range your family income falls within 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	0 -	-	-	- or more
2	0 -	-	-	- or more
3	0 -	-	-	- or more
4	0 -	-	-	- or more
5	0 -	-	-	- or more
6	0 -	-	-	- or more
7	0 -	-	-	- or more
8	0 -	-	-	- or more
9+	Actual Income: _____			

**Race (Required) – Select one option below**

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

**Additional Categories (Optional): “Are you a...” – May select more than one option**

- ☐ Female Head of Household  
☐ Elderly Person  
☐ Disabled Person

**Ethnicity (Optional) – in addition to Race, select if you identify as:**

- ☐ 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*

**Employment Status (Required): “Are you currently employed?” – Select one option below**

- ☐ Yes  
☐ No

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 \_\_\_\_\_