

## JOB INFORMATION FORM

The development of this project and the creation and/or retention of these jobs is being assisted with Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD) provided to the company by the \_\_\_\_\_ which it receives from the Minnesota Department of Employment and Economic Development (DEED).

The objective of the CDBG program is to create/retain jobs, of which a minimum of 51% will be “held by” low and moderate income (LMI) persons. An LMI person means a member of a family having an income equal to, or less than, the Section 8 low-income limit established by HUD. The family’s entire income must be counted. A family is all persons living in the same household who are related by blood, marriage, or adoption. An individual living in a housing unit that contains no other person (s) related to him/her is considered to be a one-person family for this purpose. Adult children who continue to live at home with their parent(s) are considered to be part of the family for this purpose and their income must be counted in determining the total family income. A dependent child who is living outside of the home is considered for these purposes to be part of the family upon which he/she is dependent, even though he/she is living in another housing unit.

Certain information must be collected regarding the position and the employee accepting the position. This information will not be disclosed or released by this office without your consent, except to the City of \_\_\_\_\_ or its agent, DEED and to HUD. This form will be completed for each position created or retained.

The information in this section on family income (**for the past 12 months and prior to accepting this position**) is requested to document that the federal funds provided for this project are benefiting a minimum of 51% low to moderate- income persons through job creation and/or retention. The information will be reviewed by the City of \_\_\_\_\_ or its agent and the MN DEED. The information you provide is governed under the MN Government Data Practices Act. The annual salary or hourly wage of the job that you are filling is irrelevant.

What is the number of adults and children living in your household? \_\_\_\_\_

Please check the appropriate response across from the family size you listed above. Family income includes gross wages generated from **all** family members 18 years and older.

1 member	___\$34,600 or less	___\$34,601 or more
2 members	___\$39,550 or less	___\$39,551 or more
3 members	___\$44,500 or less	___\$44,501 or more
4 members	___\$49,450 or less	___\$49,451 or more
5 members	___\$53,400 or less	___\$53,401 or more
6 members	___\$57,350 or less	___\$57,351 or more

Per 2006 Section 8 Income Limits for Wright County (St. Cloud SMSA)

If more than 6 family members, state total family income: \$\_\_\_\_\_

If requested, I would agree to make my financial records available to the city or its agent for verification of the above information.

I certify that this income information is, to the best of my knowledge and belief, a true, correct and complete statement of my financial condition as of the date stated herein and I understand that this information is subject to verification by authorized representatives of the City of \_\_\_\_\_ and or its agent.

\_\_\_\_\_  
Signature (Employee)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**COMPANY CERTIFICATION** (To be completed by the Company.)

Wages and Benefits

\_\_\_\_\_ Total annual hours for this position

\_\_\_\_\_ Hourly wage exclusive of benefits.

\_\_\_\_\_ Hourly value of benefits.

\_\_\_\_\_ Benefits that apply to this position:

\_\_\_\_\_ Health

\_\_\_\_\_ Dental

\_\_\_\_\_ Life Insurance

\_\_\_\_\_ Retirement

\_\_\_\_\_ Long/Short Term Disability

\_\_\_\_\_ Other (Please describe)

I certify to the following:

\_\_\_\_\_ That \_\_\_\_\_ was hired for \_\_\_\_\_ on \_\_\_\_\_.  
Employee Job Title Date

\_\_\_\_\_ That this position meets the "held by" LMI criteria as outlined on Page 2.

\_\_\_\_\_ That this position does not meet the LMI criteria.

\_\_\_\_\_  
Company Officer

\_\_\_\_\_  
Date

**GRANTEE CERTIFICATION** (To be completed by the Grantee)

I acknowledge that I have reviewed the above information and it meets the following criteria:

\_\_\_\_\_ Held by an LMI person

\_\_\_\_\_ Non-LMI

\_\_\_\_\_  
Project Director

\_\_\_\_\_  
Date

