

**EMPLOYEE INCOME CERTIFICATION  
JOB RETENTION INTAKE FORM**

DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

Please provide the information requested on this form so that we can verify to the Fall River Community Development Agency that your employment here is achieving the goals of the COVID19 Small Business Loan/Grant Assistance Program. The information will be placed in your **confidential** personnel file and is available to only a limited number of company officials. This information is also subject to verification by the Fall River Community Development Agency and representatives of the United States Department of Housing and Community Development.

Thank you.

**STEP 1:** CIRCLE THE SIZE OF YOUR FAMILY AND FAMILY INCOME. COUNT YOURSELF AND ALL FAMILY MEMBERS LIVING AT HOME.

CIRCLE FAMILY SIZE

CIRCLE INCOME

Family Size	Low Income	Other Income	Very Low Income	Extremely Low Income
	80%	60%	50%	30%
1	45,850	34,440	28,700	17,200
2	52,400	39,360	32,800	19,650
3	58,950	44,280	36,900	22,100
4	65,500	49,140	40,950	24,550
5	70,750	53,100	44,250	26,550
6	76,000	57,060	47,550	28,500
7	81,250	60,960	50,800	30,450
8	86,500	64,920	54,100	32,450

6/28/19

**STEP 2:** PLEASE CIRCLE ABOVE OR BELOW IN THE FOLLOWING QUESTION:

**CURRENT EMPLOYMENT,** WAS YOUR FAMILY'S TOTAL ANNUAL INCOME **ABOVE** OR **BELOW** THE AMOUNT FOR YOUR FAMILY SIZE AS STATED ABOVE?

**STEP 3:** A. PLEASE INDICATE YOUR RACIAL GROUP

<b>Ethnic Category</b>	<b>Total Persons</b>	<b>#Also Hispanic</b>
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

B. SEX: \_\_\_ MALE \_\_\_ FEMALE

C. ARE YOU A FEMALE HEAD OF HOUSEHOLD? \_\_\_ YES \_\_\_ NO

D. ARE YOU A PERSON WITH A DISABILITY? \_\_\_ YES \_\_\_ NO

**STEP 4:** PLEASE COMPLETE.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THANK YOU FOR YOUR HELP!