Community Development Block Grant

City & County of San Francisco

2017-18 Employee Family Income Certification Form (ED Form 1)

Your employer is participating in the City of San Francisco's efforts to strengthen the small business community and increase the assets of low- to moderate-income San Franciscans. As a participating business, your employer has agreed to provide the City with valuable information needed to track the number of jobs being filled by low- to moderate-income people. By providing your household income information, you are helping the City gather meaningful results that are necessary to maintain critical programs.

Please return this form directly to your employer in the pre-addressed stamped envelope that has been provided. This information will remain **confidential** and will not be used for any other purpose. We thank you for your time and cooperation.

WHAT IS YOUR SEX OR GENDER IDENTITY? (Select one)

☐ Male ☐ Female ☐ Trans Male ☐ Trans Female ☐ Not Listed. Please Specify _____

ETHNICITY (REQUIRED) Select one. Please also make a selection from the "RACE" options below.

☐ Hispanic/Latino ☐ Not Hispanic/Latino

RACE (REQUIRED)

☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native and Black/African American
☐ American Indian/Alaskan Native and White
☐ Asian
☐ Asian and White
☐ Black/African American
☐ Black/African American and White
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Other or Multiracial (please specify): _____

CURRENT FAMILY INCOME INFORMATION: CIRCLE correct income level and family size

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	$0 - 27,650	$0 - 31,600	$0 - 35,550	$0 - 39,500	$0 - 42,700	$0 - 45,850	$0 - 49,000	$0 - 52,150
Low Income	$27,651-46,100	$31,601-52,650	$35,551-59,250	$39,501-65,800	$42,701-71,100	$45,851-76,350	$49,001-81,600	$52,151-86,900
Moderate Income	$46,101-73,750	$52,651-84,300	$59,251-94,850	$65,801-105,350	$71,101-113,800	$76,351-122,250	$81,601-130,650	$86,901-139,100
Above Moderate Income	$73,751 or greater	$84,301 or greater	$94,851 or greater	$105,351 or greater	$113,801 or greater	$122,251 or greater	$130,651 or greater	$139,101or greater

_____ Please check here if your family income exceeds the income levels provided on the above chart

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/Community Development Block Grant Program (CDBG) officials.

_____ _____ _____

Print Name Signature Date

_____ _____ _____

Street Address City Zip Code Phone Number

EMPLOYER USE ONLY (Complete this section before providing copy to your Employee)

Business Name: _____ Job Title/Position: _____

Start Date: ____/____/_____ Hours per week: _____ Hourly Rate: $_____.____

Position (Please circle one): New or Existing Position Includes Health Benefits (Please circle one): Yes or No

Employee was previously unemployed (Please circle one): Yes or No

Type of Job (Please check one that best describes job):

□ Craft Workers (skilled) □ Laborers (unskilled) □ Office and Clerical □ Officials and Managers

□ Operatives (Semi-skilled) □ Professional □ Sales □ Service Workers □ Technicians