



Community Development Block Grant

City & County of San Francisco

2018-19 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 GENDER? (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)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native and Black/African American | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Other or Multiracial (please specify): _____ |

Current Income Information (Number of persons in "family" above must match this section)

(Circle correct income level. If number of family members is greater than eight persons, refer to instruction sheet)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	\$0 – 30,800	\$0 - 35,200	\$0 – 39,600	\$0 – 44,000	\$0 – 47,550	\$0 – 51,050	\$0 – 54,600	\$0 – 58,100
Low Income	\$30,801- 51,350	\$35,201- 58,650	\$39,601- 66,000	\$44,001- 73,300	\$47,551- 79,200	\$51,051- 85,050	\$54,601- 90,900	\$58,101- 96,800
Moderate Income	\$51,351- 82,200	\$58,651- 93,950	\$66,001- 105,700	\$73,301- 117,400	\$79,201- 126,800	\$85,051- 136,200	\$90,901- 145,600	\$96,801- 155,000
Above Moderate Income	\$82,201 or greater	\$93,951 or greater	\$105,701 or greater	\$117,401 or greater	\$126,801 or greater	\$136,201 or greater	\$145,601 or greater	\$155,001 or greater

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):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Laborers (unskilled) | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Officials and Managers |
| <input type="checkbox"/> Operatives (Semi-skilled) | <input type="checkbox"/> Professional | <input type="checkbox"/> Sales | <input type="checkbox"/> Service Workers <input type="checkbox"/> Technicians |