

Office of Community Development
Ohio Small Cities Community Development Block Grant Program
Job Benefit Verification Employee Certification

Your current/prospective employer, which appears below, is the recipient of financial assistance through the federally funded Ohio Community Development Block Grant (CDBG) Small Cities Program. As a result of the assistance received, the business must report on the number of jobs created and/or retained. This information is not part of the interview process and will not be considered for hiring purposes. However, the information is subject to verification by authorized government officials.

A. Name of Employer:

Address:

Name of Employee:

Social Security #:

Civil Rights/Ethnicity Data:

Male _____ Female _____ Female Head of Household _____ Disabled _____

White _____ Black/African American _____ American Indian/Alaska Native _____

Native Hawaiian/Other Pacific Islander _____ American Indian/Alaska Native &

White _____ American Indian/Alaska Native & Black/African American _____

Asian _____ Asian & White _____ Black/African American & White _____

Other Multi-Racial _____ (Specify)

Job Title and Description:

Date Employed _____ Full Time _____ Part Time _____

B. Total Annual Gross Household Income PRIOR TO HIRE: Income Range

I

INCOME LIMIT RANGES**

II

INCOME RANGES OF HOUSEHOLDS (total gross annual income of all persons)
 Check the line below that corresponds to your household's income range:

- | | | | | |
|----|--------------|---|--------------|-------|
| a. | _____ \$0 | - | _____ 36,500 | _____ |
| b. | _____ 36,501 | - | _____ 41,700 | _____ |
| c. | _____ 41,701 | - | _____ 46,900 | _____ |
| d. | _____ 46,901 | - | _____ 52,100 | _____ |
| e. | _____ 52,101 | - | _____ 56,300 | _____ |
| f. | _____ 56,301 | - | _____ 60,450 | _____ |
| g. | _____ 60,451 | - | _____ 64,650 | _____ |
| h. | _____ 64,651 | - | _____ 68,800 | _____ |
| i. | _____ 68,801 | - | _____ _____ | _____ |

Total number of household members _____ (include yourself, spouse, children, etc.)

C. Employee Signature: _____ **Date:** _____

For Local CDBG Administrator Use Only

LMI Qualified Y _____ N _____