

Form 98
Income Certification Form
Economic Development Set-Aside Program
Date: _____

For official use only:
Date of Hire: _____
Hourly Wage: _____
Job Title: _____

SECTION I

Business Name _____	Applicant Name _____
Address _____	Address _____
City _____ Zip Code _____	City _____ Zip Code _____
Phone _____ Fax _____	Phone _____
Contact person _____	

TO THE APPLICANT: *The company to which you are applying for a job has received Federal funds to assist its operations. A condition of receiving the funds is that family income information be collected from each applicant for employment and submitted on a quarterly basis. This information will not affect the hiring decision of the company. The information you provide will be kept **CONFIDENTIAL**.*

SECTION II

Please complete the following information in order for the company to meet its requirement. The information below is subject to verification by government officials.

(A)	(B)	(C)		
How many persons are in the applicant's family? <i>(Circle one.)</i>	Family income levels for _____ County	Was the TOTAL family income for the last twelve (12) months ABOVE or BELOW the family size indicated in column A? <i>(Check the appropriate column below)</i>		
		ABOVE BELOW		
1	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		
2	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		
3	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		
4	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		
5	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		
6	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		
7	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		
8+	\$ _____	<table border="1" style="width: 100%;"><tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr></table>		

I _____ hereby certify that all the above information is correct and
Typed Name of Applicant
 give the above named business permission to verify the information on this form.

_____ <i>Signature of Applicant</i>	_____ <i>Last 4 Numbers of Social Security Number</i>
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SECTION III

The following information is not required by law, but is needed for statistical purposes.

Please check the one of the following ethnic categories that applies to you:

___ Hispanic or Latino ___ Not Hispanic or Latino

Please check all of the following categories that apply to you:

___ White ___ Asian ___ Black or African American
 ___ American Indian or Alaska Native ___ Native Hawaiian or Other Pacific Islander

Please check any of the following categories that may apply to you:

___ Elderly ___ Handicapped ___ Female Head of Household ___ Unemployed

Form 98-I
Instructions for Completing the
Income Certification Form

An “**Income Certification Form**” must be completed on each and every person applying for a job that results from the project, funded in whole or part, with ACEDP Economic Development Set-Aside funds. For **all jobs created**, at least 51 percent of all positions must be either filled by or made available to persons who qualify as low or moderate income at the time they are hired by the company. The grantee or the referring agency must maintain this documentation to verify the low and moderate income status of all persons benefiting from the project funded with ACEDP funds.

SECTION I

Identifying Information: Complete all blanks identifying the business and applicant as requested.

SECTION II

Column A: How many persons are in the applicant’s family? **Circle** the appropriate number based on the response of the applicant.

Column B: List the income limits by family size, which are provided in the grant agreement, in the appropriate lines of this column.

Column C: Check either the **above** or **below** box in this column based in the response of the applicant.

In the certifying statement, type the name and Social Security number of the applicant in the spaces provided. Have the applicant sign the form.

SECTION III

The demographic information listed in this section is information requested by HUD. Check all the spaces that apply based on applicant responses.