

Attachment for Job Creation Documentation



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

GENERAL CDBG INTAKE ELIGIBILITY FORM

LIMITED INCOME (LMI) LIMITED CLIENTELE (LMC) / LIMITED JOBS (LMJ) / LIMITED HOUSING (LMH)

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

Gender: Male Female Ethnicity: Hispanic Not Hispanic

Race (Please check the race category which applies to you):

- White Black/African American American Indian/Alaskan Native
 Asian Black/African American & White American Indian/Alaskan Native & White
 Asian & White Native Hawaiian/Other Pacific Islander Other: Multi Racial
 American Indian or Alaskan Native & Black/African American

List Yourself and all Other Persons Occupying Home Relationship Gender Age Employed?

Table with 5 columns: #, Relationship, Gender, Age, Employed? (Yes/No). Rows 1-8.

INCOME VERIFICATION DATA

The assistance you receive is determined in part by the size of your household and your income. All income and assets will require verification before eligibility will be granted. Income includes all money coming into the household from all persons over 18 years old. Wages, salaries, tips, commissions; Self-employment income; Retirement, Survivor, or Disability pensions; Social Security or Railroad retirement; Supplemental Security Income, Aid to Families with Dependent Children (AFDC), Temporary Assistance to Needy Families (TANF), Food Stamps, or other public assistance, or public welfare programs; Interest, dividends, net rental income, or income from estates or trusts; and any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, alimony, and child support must be disclosed.

Table with 3 columns: Household Member, Source of Income, Gross Monthly Amount Received. Rows 1-5.

Income Eligibility Acceptable Documentation: Copy of Pay Stubs (from previous employer), Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF) Official Printout/letter, Food Stamp Official Printout/letter, Letter confirming amount of unemployment benefits received, proof of child support or alimony, proof of SSA/SSI or Veteran's Benefits, or proof of retirement income. MUST ATTACH A COPY OF DOCUMENTS - NO EXCEPTIONS.

I, the undersigned applicant, do hereby authorize _____ to verify my personal records, including wages, pensions, and investments. It is understood that this authorization is granted for the sole purpose of certifying my eligibility for federal financial assistance, and that all information acquired in this regard will remain confidential.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Signature of Applicant

Date





**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
GENERAL CDBG INTAKE ELIGIBILITY FORM**

| | | |
|--|----------------------------|---------------------------|
| CDBG INCOME ELIGIBILITY | 24 CFR 570.208 | |
| Activity classified under family size and income | 24 CFR 570.208(a)(2)(i)(B) | 24 CFR 570.506(b)(3)(iii) |
| Activity is classified based on income eligibility requirements that restrict it exclusively to low- and moderate-income persons | 24 CFR 570.208(a)(2)(i)(C) | 24 CFR 570.506(b)(3)(iii) |

DEFINITIONS / 24 CFR 570.3

Family means all persons living in the same household who are related by birth, marriage or adoption.

Household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Income. For the purpose of determining whether a family or household is low- and moderate-income under subpart C of this part, grantees may select any of the three definitions listed below for each activity, except that integrally related activities of the same type and qualifying under the same paragraph of 570.208(a) shall use the same definition of income. The option to choose a definition does not apply to activities that qualify under 570.208(a)(1) (Area benefit activities), except when the recipient carries out a survey under 570.208(a)(1)(vi). Activities qualifying under 570.208(a)(1) generally must use the area income data supplied to recipients by HUD. The **three definitions** are as follows:

(i) Annual income as defined under the Section 8 Housing Assistance Payments program at 24 CFR 813.106 (except that if the CDBG assistance being provided is homeowner rehabilitation under 570.202, the value of the homeowner's primary residence may be excluded from any calculation of Net Family Assets); or

Estimate the annual income of a family or household by projecting the prevailing rate of income of each person at the time assistance is provided for the individual, family, or household (as applicable).

Estimated annual income shall include income from all family or household members, as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

Low- and moderate-income household means a household having an income equal to or less than the Section 8 low-income limit established by HUD.

Low- and moderate-income person means a member of a family having an income equal to or less than the Section 8 low-income limit established by HUD. Unrelated individuals will be considered as one-person families for this purpose.

Low-income household means a household having an income equal to or less than the Section 8 very low-income limit established by HUD.

Low-income person means a member of a family that has an income equal to or less than the Section 8 very low-income limit established by HUD. Unrelated individuals shall be considered as one-person families for this purpose.

INSTRUCTIONS FOR IMPLEMENTING AGENCY

You must first seek third party verification. This is a verification that is received directly from the source of income. The request can be by mail, fax, or email. It must be clearly evidenced that it was received from the source.

**Income Limits for Fiscal Year 2017 (Effective 04/14/2017)
Please check the appropriate family size and income.**

| √ | Family Size | √ | Extremely Low (30% of Median) | √ | Very Low (50% of Median) | √ | Low (80% of Median) |
|---|-------------|---|-------------------------------|---|--------------------------|---|---------------------|
| | 1 | | \$15,900 | | \$26,450 | | \$42,300 |
| | 2 | | \$18,150 | | \$30,200 | | \$48,350 |
| | 3 | | \$20,420 | | \$34,000 | | \$54,400 |
| | 4 | | \$24,600 | | \$37,750 | | \$60,400 |
| | 5 | | \$28,780 | | \$40,800 | | \$65,250 |
| | 6 | | \$32,960 | | \$43,800 | | \$70,100 |
| | 7 | | \$37,140 | | \$46,850 | | \$74,900 |
| | 8 | | \$41,320 | | \$49,850 | | \$79,750 |

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.





**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT
JOB CREATION VERIFICATION (NON-NRSA)**

THE COMPANY IN WHICH YOU ARE APPLYING FOR EMPLOYMENT HAS RECEIVED FEDERAL ASSISTANCE. THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED BY THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of Employee: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Hire: _____ Were you unemployed prior to taking your job? Yes No

Does your employer offer employer sponsored health care benefit? Yes No

Please check the box next to the job title that best describes your position:

- | | | |
|---|---|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Laborer (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft work (skilled) | <input type="checkbox"/> Service workers |

Job Title: _____ Full Time: Yes No If part-time, number of hours: _____ / wk

DEMOGRAPHIC INFORMATION

Gender: Male Female

Ethnicity: Hispanic Not Hispanic

Racial Category (select one below):

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other: Multi Racial |
| <input type="checkbox"/> American Indian or Alaskan Native & Black/African American | | |

TOTAL FAMILY SIZE (Please circle one): 1 2 3 4 5 6 7 8

TOTAL FAMILY SIZE INCOME: \$ _____

NOTE: EMPLOYER MUST INCLUDE A COPY OF THE ABOVE EMPLOYEE'S FIRST PAY STUB – NO EXCEPTIONS.

 **Please see reverse side for family size and household income.**





**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT
JOB CREATION VERIFICATION (NON-NRSA)**

**Income Limits for Fiscal Year 2017-18 (Effective 04/14/2017)
Please check the appropriate family size and income.**

| ✓ | Family Size | ✓ | Extremely Low (30% of Median) | ✓ | Very Low (50% of Median) | ✓ | Low (80% of Median) |
|---|-------------|---|----------------------------------|---|-----------------------------|---|------------------------|
| | 1 | | \$15,900 | | \$26,450 | | \$42,300 |
| | 2 | | \$18,150 | | \$30,200 | | \$48,350 |
| | 3 | | \$20,420 | | \$34,000 | | \$54,400 |
| | 4 | | \$24,600 | | \$37,750 | | \$60,400 |
| | 5 | | \$28,780 | | \$40,800 | | \$65,250 |
| | 6 | | \$32,960 | | \$43,800 | | \$70,100 |
| | 7 | | \$37,140 | | \$46,850 | | \$74,900 |
| | 8 | | \$41,320 | | \$49,850 | | \$79,750 |

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Employee's Name (Print/Type)
Employee's Signature
Date

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

CD/25/61512/V3



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT
JOB CREATION VERIFICATION (NRSA)

THE COMPANY IN WHICH YOU ARE APPLYING FOR EMPLOYMENT HAS RECEIVED FEDERAL ASSISTANCE. THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED BY THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

To determine if the business and/or employee is located and/or lives in an NRSA please go to:
http://gisweb.miamidade.gov/CommunityServices/

(Must attach map printout, copy of a valid driver's license and one (1) of the following: utility bill (e.g., FPL or Water and Sewer bill), or school records.)

Name of NRSA: _____

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of Employee: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Hire: _____ Were you unemployed prior to taking your job? [] Yes [] No

Does your employer offer employer sponsored health care benefit? [] Yes [] No

Please check the box next to the job title that best describes your position:

- [] Officials and Managers [] Sales [] Operatives (semi-skilled)
[] Professional [] Office and Clerical [] Laborer (unskilled)
[] Technicians [] Craft work (skilled) [] Service workers

Job Title: _____ Full Time: [] Yes [] No If part-time, number of hours: _____ / wk

DEMOGRAPHIC INFORMATION

Gender: [] Male [] Female

Ethnicity: [] Hispanic [] Not Hispanic

Racial Category (select one below):

- [] White [] Black/African American [] American Indian/Alaskan Native
[] Asian [] Black/African American & White [] American Indian/Alaskan Native & White
[] Asian & White [] Native Hawaiian/Other Pacific Islander [] Other: Multi Racial
[] American Indian or Alaskan Native & Black/African American

TOTAL FAMILY SIZE (Please circle one): 1 2 3 4 5 6 7 8

TOTAL FAMILY SIZE INCOME: _____

NOTE: EMPLOYER MUST INCLUDE A COPY OF THE ABOVE EMPLOYEE'S FIRST PAY STUB - NO EXCEPTIONS.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Employee's Name (Print/Type) Employee's Signature Date

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**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
List of Persons (Job Creation) or Businesses (Assisted) - Economic Development
Supplement to Quarterly Expenditure and Progress Report**

Date: _____

Recipient Name: _____

Activity Name: _____

IDIS Number: _____

| Reporting Period | |
|---------------------------------------|--------------------------|
| 1st Quarter [Jan - Mar] | <input type="checkbox"/> |
| 2nd Quarter [Apr - Jun] | <input type="checkbox"/> |
| 3rd Quarter [Jul - Sept] | <input type="checkbox"/> |
| 4th Quarter [Oct - Dec]/Annual Report | <input type="checkbox"/> |

| 1. Persons (Job Creation) | 2. Business (Assisted) | | | | 3. Person(s) or Business(es) Address | | | | 4. NRSA | | | | | |
|---------------------------|------------------------|------------|------------|-------------|--------------------------------------|--------------------------|--------------|--------------|-----------|-------------|-------------|---|--------------------------|--|
| | Last Name | First Name | Legal Name | DUNS Number | New | Existing | Facade Rehab | House Number | Direction | Street Name | Street Type | http://gisweb.miamidade.gov/CommunityServices/ | Name of NRSA | |
| 1 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| # | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| # | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| # | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| # | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| # | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| # | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

INSTRUCTIONS

1. Fill in name of the person for which the job was created –or– the legal name of the assisted business.
2. Fill in the Data Universal Numbering System (9-digit number) of the assisted business.
3. Enter an 'X' in the column that matches the business status [New –or– Existing].
4. Enter Yes or No as applicable if Facade –or– Rehab improvements completed for the assisted business.
5. Enter the complete address of the person –or– business, e.g., House Number, Direction, Street Name, & Street Type.
6. Enter Yes or No as applicable if the person lives in, job is located in, or the business is located in one of the NRSAs.
7. If Yes, view NRSA map at <http://gisweb.miamidade.gov/CommunityServices/> to determine correct NRSA location and fill in the name of the NRSA: Goulds, Leisure City, Melrose, Model City, Opa-Locka, Perrine, South Miami, or West Little River.

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CD/281/2513V



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

Attachment C-1

**AGREEMENT FOR FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES
FOR THE CREATION OF JOBS**

In order to receive the various forms of Financial/Technical Assistance available through _____, businesses must enter into an Agreement to **make "available"** and to "document" the job creation for the benefit of low and moderate-income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of _____ to:

- 1) **Make available** 51% of the resulting jobs to low- and moderate-income individuals.
- 2) Provide a list of the job titles of the permanent jobs expected to be created, which **will be available to** low/moderate-income individuals and which jobs require special skills or education and which are part-time, if any;
- 3) Provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs created;
- 4) Maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) Complete an annual report of all jobs created with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that _____ will not provide all the assistance requested by your business until action is executed.

(Agreed By) Signature of Applicant

Date

Duns Number – Required/Mandatory
(To obtain a DUNS #, PLEASE CALL 1-866-705-5711)

Intake Office (Name of Agency)

Date

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AMCD/___/62112