Attachment # 52

Job Creation Checklist

PHCD SUBMITTAL OF ECONOMIC DEVELOPMENT JOB CREATION CHECKLIST

Agency	
Activity Name	
Funding Source / Year	
Amount /IDIS #	
Project Location	

DOCUMENTS SUBMITTAL		**Yes**	**No**
1.	Agreement for Financial Assistance/Technical Assistance Services for the Creation of Jobs (filled out in its Entirety)	☐	☐
2.	Employee Roster As of _____ (Current Date)	☐	☐
	☐ List All Current Employees		
	☐ List All Vacant Positions		
	☐ List all Proposed Number of Jobs to Be Created		
3.	General CDBG Intake Eligibility Form (Current Income Must be Attached – Select 1 below)		
	☐ Pay Stub(s)	☐	☐
	☐ Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF)	☐	☐
	☐ Food Stamp Official Print out Letter	☐	☐
	☐ Unemployment Benefits Letter with Amount	☐	☐
	☐ Proof of Child Support or Alimony	☐	☐
	☐ Proof of SSA/SSI or Veteran's Benefits	☐	☐
	☐ Proof of Retirement Income	☐	☐
	☐ Other Income	☐	☐
4.	Job Creation Verification Form (NON-NRSA - Income Must be Attached) ***(Must include Copy of Employee Pay Stub to match date of hire)***	☐	☐
	DATE OF HIRE: _____	☐	☐
	DATE FORM SIGNED: _____	☐	☐
	(DATES MUST MATCH)		
5.	Job Creation Verification Form (NRSA) - Proof Must be Attached)	☐	☐
	DATE OF HIRE: _____	☐	☐
	DATE FORM SIGNED: _____	☐	☐
	(DATES MUST MATCH)		

NOTE: SHOULD ANY OF THE ABOVE NOT BE PROVIDED, QUARTERLY PROGRESS REPORTS WILL BE RETURNED TO THE AGENCY AND WILL BE CONSIDERED NON-COMPLIANT

PHCD SUBMITTAL OF ECONOMIC DEVELOPMENT JOB CREATION CHECKLIST

REQUIRED DOCUMENTATION– NO EXCEPTIONS	Yes	No

Obtain documentation that shows the client lives at the address which is located in an NRSA – Select 1 below

	Yes	No
* Proof of location:		
* Child(ren) School Records (showing home address)	☐	☐
* Driver License	☐	☐
* Utility Bill (FPL, Water & Sewer, etc)	☐	☐

REQUIRED DOCUMENTATION– NO EXCEPTIONS	Yes	No
* PHCD General CDBG Intake Eligibility Form (Must be Attached)	☐	☐
*Services Near You Print Out (Must be Attached) (http://gisweb.miamidade.gov/CommunityServices/	☐	☐

Neighborhood Revitalization Strategic Areas (NRSA)

1. Biscayne North
2. Cutler Ridge
3. Goulds
4. Leisure City/Naranja
5. Model City
6. Opa-Locka
7. Perrine
8. South Miami
9. West Little River

6.	Current Employee Roster Summary (Must show New Hired Employee)	☐	☐

Prepared by (Print) Agency Official

Signature and Date

NOTE: SHOULD ANY OF THE ABOVE NOT BE PROVIDED, QUARTERLY PROGRESS REPORTS WILL BE RETURNED TO THE AGENCY AND WILL BE CONSIDERED NON-COMPLIANT

MIAMI-DADE COUNTY

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

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.

AMCD/__/62112

MIAMI-DADE COUNTY

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
EMPLOYEE ROSTER AS ROSTER AS OF _____

Roster must be completed and submitted to PHCD prior to completion/submission of Job Creation Verification Form(s).

BUSINESS NAME:			
BUSINESS CONTACT PERSON(S):		**BUSINESS ADDRESS:**	
BUSINESS DUNS NUMBER:		**BUSINESS TELEPHONE:**	

List of Current Employees (please use an additional sheet(s) if necessary)

Name Last	First	Job Title	Date Hired	Full Time (yes or no)	Part Time (yes or no)	Hourly Pay Rate

List of Vacant Positions

Job Title	# of Positions	# of Positions		Hourly Pay Rate	
		Full Time	Part Time		

Proposed Number of Jobs to be Created (#_____)

Job Title	# of Positions	Projected Hiring Date	# of Positions Full Time		Hourly Pay Rate
			Full Time	Part Time	

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CD/20/51712

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?
1.	Self			☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No
7.				☐ Yes ☐ No
8.				☐ Yes ☐ No

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.

Household Member	Source of Income	Gross Monthly Amount Received
1.		$
2.		$
3.		$
4.		$
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
(Name of Agency)
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 2015-16 (Effective 03/06/2015)
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		$14,250		$23,700		$37,950
	2		$16,250		$27,100		$43,350
	3		$20,090		$30,500		$48,750
	4		$24,250		$33,850		$54,150
	5		$28,410		$36,600		$58,500
	6		$32,570		$39,300		$62,850
	7		$36,730		$42,000		$67,150
	8		$40,890		$44,700		$71,500

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.

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VIVIENDA PÚBLICA Y DESARROLLO COMUNITARIO

FORMULARIO GENERAL DE ADMISIÓN PARA CDBG

INGRESOS (LMI*, por sus siglas en ingles), **CLIENTES** (LMC**, por sus siglas en ingles), **EMPLEOS** (LMJ***, por sus siglas en ingles) **VIVIENDAS** (LMH****, por sus siglas en inglés) **BAJOS Y MODERADOS**

NOMBRE: _____ **TELÉFONO:** _____

DIRECCIÓN: _____ **CÓDIGO POSTAL:** _____

Género: ☐Masculino ☐Femenino **Origen étnico:** ☐ Hispano ☐ No Hispano

Raza (Por favor, marque la categoría de raza que le corresponde):

☐ Blanco ☐ Negro/Afro Americano ☐ Indígena Estadounidense/Nativo de Alaska

☐ Asiático ☐ Negro/Afro Americano y Blanco ☐ Indígena Estadounidense/Nativo de Alaska y Blanco

☐ Asiático y Blanco ☐ Nativo de Hawai/ Otras Islas del Pacífico ☐ Otros: Multi Racial

☐ Indígena Estadounidense / Nativo de Alaska / Afro Americano

Menciónese a Usted mismo y a todas las personas que ocupan la Vivienda	**Parentesco**	**Género**	**Edad**	**¿Empleado?**
1.	Autónomo			☐ Sí ☐ No
2.				☐ Sí ☐ No
3.				☐ Sí ☐ No
4.				☐ Sí ☐ No
5.				☐ Sí ☐ No
6.				☐ Sí ☐ No
7.				☐ Sí ☐ No
8.				☐ Sí ☐ No

DATOS DE LA VERIFICACIÓN DE INGRESOS

La ayuda que Usted recibe se determina en parte por el número de miembros en su núcleo familiar y de sus ingresos. Todos los ingresos y los bienes deberán ser verificados antes de que la elegibilidad sea concedida. El ingreso incluye todas las sumas de dinero que reciben todos los miembros del núcleo familiar mayores de 18 años. Los salarios, sueldos, propinas, comisiones; los ingresos como trabajador por cuenta propia; Pensiones de jubilación, de supervivencia, por discapacidad; la jubilación del Seguro Social o del Ferrocarril, el Ingreso Suplementario de Seguridad, la Ayuda a las Familias con Niños Dependientes (AFDC, por sus siglas en inglés), la Ayuda Temporaria a las Familias Necesitadas (TANF, por sus siglas en inglés), los Sellos para Alimentos, u otro tipo de ayuda pública, o de programas públicos de ayuda social, o de ingresos provenientes de patrimonios o fideicomisos; así como otras fuentes regulares de ingresos, incluyendo los pagos a los Veteranos (VA, por sus siglas en inglés), la compensación por desempleo, la pensión alimenticia y la manutención de menores deberán ser declarados.

Miembro del Núcleo Familiar	**Fuente de Ingresos**	**Monto del Ingreso Bruto Mensual Recibido**
1.		$
2.		$
3.		$
4.		$
5.		$

Documentación Aceptable para verificar la Elegibilidad a partir de los Ingresos: Copia de las colillas de pago (del empleador anterior), la Ayuda a las Familias con Niños Dependientes (AFDC, por sus siglas en inglés) o la Ayuda Temporaria a las Familias Necesitadas (TANF, por sus siglas en inglés) la Impresión o la Carta Oficial de las Estampillas de Alimentos, la Carta confirmando

la cantidad de beneficios percibidos por desempleo, la prueba de la manutención de menores o del pago de la pensión alimenticia, la prueba del SSA/SSI o de los Beneficios de los Veteranos o la prueba de los ingresos por jubilación. **DEBERÁ ADJUNTARSE UNA COPIA DE LOS DOCUMENTOS – SIN EXCEPCIÓN.**

Quien suscribe, el solicitante, por medio de la presente autorizo a _____ a fin de que verifique mis antecedentes personales, incluyendo:
(Nombre de la Agencia)
los salarios, pensiones e inversiones. Se entiende que esta autorización se otorga con el único propósito de certificar mi elegibilidad para la ayuda financiera federal, y que toda la información adquirida en este sentido seguirá siendo confidencial.

CON MI FIRMA, RECONOZCO QUE TODA LA INFORMACIÓN QUE HE PROPORCIONADO ES VERDADERA Y CORRECTA A MI LEAL SABER Y ENTENDER. SOY CONCIENTE DE QUE SI HAGO ALGUNA DECLARACIÓN FALSA INTENCIONALMENTE EN ESTA CERTIFICACIÓN O EN CUALQUIER OTRA DOCUMENTACIÓN QUE PROPORCIONE PARA LA ELEGIBILIDAD DEL PROGRAMA, PUEDO SER CASTIGADO CON MULTAS O CON LA CÁRCEL DE HASTA CINCO (5) AÑOS, O AMBOS, BAJO LA SECCIÓN 1001 DEL TÍTULO 18, DEL CÓDIGO DE LOS ESTADOS UNIDOS, Y QUE TAMBIÉN PODRÍA ESTAR SUJETO A LAS MULTAS Y SANCIONES CIVILES Y/O ADMINISTRATIVAS PERTINENTES.

_____ _____
Firma del Solicitante **Fecha**

ELEGIBILIDAD DE LOS INGRESOS PARA EL SUBSIDIO EN BLOQUE PARA EL DESARROLLO COMUNITARIO (CDBG, por sus siglas en inglés)	**24 CFR 570.208**	
Actividad clasificada bajo los ingresos y la composición del grupo familiar	24 CFR 570.208(a)(2)(i)(B)	24 CFR 570.506(b)(3)(iii)
La actividad se clasifica a partir de los requisitos de elegibilidad de los ingresos que se limitan exclusivamente a las personas de ingresos bajos y moderados	24 CFR 570.208(a)(2)(i)(C)	24 CFR 570.506(b)(3)(iii)

DEFINICIONES / 24 CFR 570.3

Familia: Se refiere a todas las personas que vivan en la misma casa, que están relacionadas por nacimiento, matrimonio o adopción.

Núcleo Familiar: Se refiere a todas las personas que ocupan la vivienda. Los ocupantes podrían ser una sola familia, una persona viviendo sola, dos o más familias viviendo juntas o cualquier otro grupo de personas relacionadas o no que compartan las condiciones en materia de vivienda.

Ingresos: Con el fin de determinar si los ingresos de una familia o de un núcleo familiar son bajos o moderados dentro de la Subsección C de esta sección, los beneficiarios podrían seleccionar cualquiera de las tres definiciones enumeradas abajo para cada actividad, salvo que las actividades integralmente relacionadas que sean del mismo tipo y que califiquen dentro del mismo apartado del 570.208(a) deban utilizar la misma definición de los ingresos. La opción de elegir una definición no se aplica a las actividades que califican con el 570.208(a)(1) (Actividades de beneficio del área), salvo cuando el beneficiario lleve a cabo una investigación de acuerdo con el 570.208(a)(1)(vi). Las actividades que califican de acuerdo con el 570.208(a)(1) generalmente deberán utilizar los datos de ingresos del área provistos por HUD a los beneficiarios. Las **tres definiciones** son las siguientes:

(i) **Los ingresos anuales** tal como se los define en el programa de Pagos de Ayuda para la Vivienda de la Sección 8 en el Título 24 del Código Federal de Regulaciones 813.106 (salvo que la ayuda para la CDBG que se proporcione tenga relación con la rehabilitación al propietario de acuerdo con el 570.202, el valor de la residencia principal del propietario se podría excluir del cálculo de los Activos Netos de la Familia); o bien

Calcular los ingresos anuales de una familia o de un núcleo familiar efectuando una proyección de la tasa predominante de ingresos de cada persona al momento de proporcionársele la ayuda a la persona, a la familia o al núcleo familiar (según corresponda).

El Ingreso anual estimado deberá incluir los ingresos de toda la familia o de los miembros del núcleo familiar, según sea el caso. La mejora en los ingresos o en los bienes derivada de la actividad de la ayuda del CDBG no se considerará para calcular los ingresos anuales.

Hogar de ingresos bajos y moderados se refiere a un núcleo familiar que tiene un ingreso igual o inferior al límite de bajos ingresos de la Sección 8 establecido por HUD. (LMH, por sus siglas en inglés)

Advertencia: El Título 18, Artículo 1001 del Código de los Estados Unidos establece que una persona será hallada culpable de un delito penal grave cuando intencionalmente haga declaraciones falsas o fraudulentas ante cualquier departamento o agencia de los Estados Unidos. La ley estatal podría prever sanciones para las declaraciones falsas o fraudulentas.

VIVIENDA PÚBLICA Y DESARROLLO COMUNITARIO

FORMULARIO GENERAL DE ADMISIÓN PARA CDBG

Persona de ingresos bajos y moderados se refiere a un miembro de la familia cuyo ingreso es equivalente o inferior al límite de ingresos bajos de la Sección 8 establecido por HUD. Los individuos no emparentados se considerarán familias unipersonales para este propósito. (LMI, por sus siglas en inglés)

Hogar de ingresos bajos se refiere a un hogar con un ingreso igual o inferior al límite de ingresos muy bajo de la Sección 8 establecido por HUD. (LMH, por sus siglas en inglés)

Persona de Bajos Ingresos se refiere a un miembro de una familia cuyo es un ingreso igual o inferior al límite de ingresos muy bajos de la Sección 8 establecido por HUD. Los individuos no emparentados deberán considerarse como familias unipersonales para este propósito. (LMC, por sus siglas en inglés)

INSTRUCCIONES PARA LA AGENCIA DE EJECUCIÓN

Usted deberá pedir primeramente la verificación de terceros. Se trata de una verificación proveniente directamente de la fuente de ingresos. La solicitud puede ser enviada por correo, por fax o por correo electrónico. Deberá quedar bien claro que fue recibida de la fuente.

Límites de los Ingresos para el Año Fiscal 2015-16 (Vigente el 06/03/2015)
Por favor marque la cajita correspondiente al tamaño de su grupo familiar y a la cantidad de su ingreso

√	Tamaño del Grupo Familiar	√	Extremadamente bajo (30% de la media)	√	Muy bajo (50% de la media)	√	Bajo (80% de la media)
	1		$14.250		$23.700		$37.950
	2		$16.250		$27.100		$43.350
	3		$20.090		$30.500		$48.750
	4		$24.250		$33.850		$54.150
	5		$28.410		$36.600		$58.500
	6		$32.570		$39.300		$62.850
	7		$36.730		$42.000		$67.150
	8		$40.890		$44.700		$71.500

Note:

LMI* (LOW-MODERATE INCOME): Ingresos bajos o moderados

LMC** (LOW-MODERATE CLIENTELE): Clientela de Ingresos bajos o moderados

LMJ*** (LOW-MODERATE JOBS): Empleos de Ingresos bajos o moderados

LMH**** (LOW-MODERATE HOUSING): Vivienda de Ingresos bajos o moderados

Advertencia: El Título 18, Artículo 1001 del Código de los Estados Unidos establece que una persona será hallada culpable de un delito penal grave cuando intencionalmente haga declaraciones falsas o fraudulentas ante cualquier departamento o agencia de los Estados Unidos. La ley estatal podría prever sanciones para las declaraciones falsas o fraudulentas.

Este material está disponible en un formato accesible a petición.

MIAMI-DADE COUNTY

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:

☐ 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.

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

MIAMI-DADE COUNTY

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT
JOB CREATION VERIFICATION (NON-NRSA)

Please circle the appropriate column for your family size and household income.

Income Limits for Fiscal Year 2015-16 (Effective 03/06/2015)

Family Size	Extremely Low (30% of Median)	Very Low (50% of Median)	Low (80% of Median)
1	$14,2500	$23,700	$37,950
2	$16,250	$27,100	$43,350
3	$20,090	$30,500	$48,750
4	$24,250	$33,850	$54,150
5	$28,410	$36,600	$58,500
6	$32,570	$39,300	$62,850
7	$36,730	$42,000	$67,150
8	$40,890	$44,700	$71,500

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.

MIAMI-DADE COUNTY

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.

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

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CD/24/61512/V2

MIAMI-DADE COUNTY

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

CURRENT EMPLOYEE ROSTER SUMMARY (after EE is hired - provide full roster)

Date: _____

Agency Name: _____ Activity Title: _____

Contact Person: _____ Funding Source: _____ Funding Amount: _____

Phone Number: _____ Fax Number: _____ Number of Jobs: _____ (Accomplishments per contract agreement.)

Employer/ Business Name	Address House Number	Direction	Street Name	Street Type	Employee Name Last	First	Unemployed Prior to this Job? Y or N	Date of Date of Hire	Job Title[1]	Full-Time[2] Part-Time	Family Size	Racial Category[3]	Ethnicity[4]

LEGEND

1. Job Titles (select one): •Officials & Managers •Professional •Technicians •Sales •Office & Clerical •Craft Workers (skilled) •Operatives (semi-skilled) •Laborers (unskilled) •Service Workers
2. Job Status: Full-time (FT) 30 hour per week or more –or- Part-time (PT) less than 30 hours per week
3. Racial Categories (select all that apply): •W =White •B=Black or African American •A=Asian •AI=American Indian or Alaska Native •N=Native Hawaiian or Other Pacific Islander •O=Other
4. Ethnicity (select one): HL=Hispanic or Latino • NO=Not-Hispanic or Latino

I hereby certify under the penalty of perjury that the information provided is true, correct, and complete to the best of my knowledge. Further, I acknowledge that the information is subject to verification by authorized government officials.

Certification by: _____ _____ **Date Certified:** _____

Signature Print Name and Title

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CD/19/52112