



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM EMPLOYMENT STATUS STATEMENT

Name of Company: _____

The above company has participated in a federal program that requires that certain employment standards be met. Completion of this form is **VOLUNTARY**, and this information will be kept confidential, with access only to the company's personnel official, representative of the city/county who is administering the program and the State of Missouri who oversees the program.

Family –husband, wife, and all dependents as defined by the IRS for income tax purposes.

Family Income – Total yearly income from all family members over the age of 18. If you are a current employee, this would be income prior to employment with the company. If you are an applicant, this will include present salary.

FAMILY SIZE	INCOME LIMITS				
	A (30%)	B (50%)	C (80%)		
1	_____	TO	_____	TO	FAMILY SIZE: _____ <input type="checkbox"/> Income Above Column C <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income below Column A
2	_____	TO	_____	TO	
3	_____	TO	_____	TO	
4	_____	TO	_____	TO	
5	_____	TO	_____	TO	
6	_____	TO	_____	TO	
7	_____	TO	_____	TO	
8+	_____	TO	_____	TO	

Please check all of the following that apply to you:

<input type="checkbox"/> Over the Age of 62	<input type="checkbox"/> Handicapped/Disabled	<input type="checkbox"/> Female Head of Household
If you are an applicant, what is your current employment status?		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed

ETHNICITY:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
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RACE:

<input type="checkbox"/> White	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am.
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian & Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> All Others
<input type="checkbox"/> American Indian/Alaskan Native & White	

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county of the State of Missouri. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

NAME PRINTED	DATE
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SIGNATURE [Required] _____