



**Pre-Employment Household Income Certification Form**

**Section I: To be completed by participating business**

Local Government:	Participating Party:	Date of Interview:
Was the applicant employed prior to being hired by the participating business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, will the applicant receive company sponsored health care benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Which type of position will the applicant fill if hired (Check the appropriate box.):

<input type="checkbox"/> Officials & Managers	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Office & Clerical
<input type="checkbox"/> Sales	<input type="checkbox"/> Technicians	<input type="checkbox"/> Operators (semi-skilled)
<input type="checkbox"/> Laborers	<input type="checkbox"/> Service workers (unskilled)	<input type="checkbox"/> Craft Workers (skilled)

**Section II: To be completed by applicant/employee**

Name of applicant:			City and state of residence:			
<i>(Circle your total household size and then answer whether total household income is or is not within each of the three ranges.)</i>						
1 Number of Persons in Household	2 Income Range (Moderate)	3 Is <b>Total Household Income</b> Within This Range?	4 Income Range (Low)	5 Is <b>Total Household Income</b> Within This Range?	6 Income Range (Very Low)	7 Is <b>Total Household Income</b> Within This Range?
1	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	0 - \$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: For households of more than 8 persons, insert in the blank row the household size and the correct range for each of the three income levels.

Income data available from the following website: <http://www.huduser.org/portal/datasets/il.html>



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<b>Section III: To be completed by applicant/employee</b>			
Indicate how many people in each of the following categories reside in the household. Some household members may need to be counted in more than one category.	Female Head of Household _____	Handicapped _____	Elderly (60+) _____
Indicate race and ethnicity below:			
Race	Total	# of Hispanic Ethnicity	
White			
Black/African American			
Asian			
American Indian or Alaskan Native			
Native Hawaiian Pacific Islander			
American Indian or Alaskan Native and White			
Asian and White			
Black/African American and White			
American Indian/Alaskan Native and Black/African American			
Other Multi-racial			
Totals			

Certification: I, the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data.

Job Applicant/Employee: \_\_\_\_\_ Date: \_\_\_\_\_