EMPLOYEE INCOME CERTIFICATION
JOB RETENTION

_____ _____
(Name of Company) (date)

Dear Employee:

Please provide the information requested on this form so that we can verify to the Department of Commerce and Economic Opportunity that your employment here is achieving the goals of the Illinois Community Development Assistance Program. The information will be placed in your **confidential** personnel file and is available to only a limited number of company officials. This information is also subject to verification by _____ _____(name of local government)_____ and representatives of the Department of Commerce and Economic Opportunity.

For assistance, please see _____. *Thank you.*
(company official)

Step 1: Circle the size of your family. Count yourself and all family members living at home.

Family Size: 1 2 3 4 5 6 7 8

County: _____ ____ ____ ____ ____ ____ ____ ____ ____
(insert the appropriate Sec. 8 income limits)

Step 2: Circle ***ABOVE*** or ***BELOW*** in the following question:

IS YOUR FAMILY'S TOTAL INCOME ***ABOVE*** OR ***BELOW*** THE AMOUNT FOR YOUR FAMILY SIZE AS STATED ABOVE?

Step 3: A. Please indicate your ethnic group.

Ethnic Category	**Total Persons**	**# Also Hispanic**
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

B. Sex: ____ Male ____ Female
C. Are you a female head of household? ____ Yes ____ No
D. Are you a person with a disability? ____ Yes ____ No

Step 4: Please Complete.

Name: _____ Social Security #: _____ - _____ - _____

Signature: _____ Date of Hire: _____