

Job Retention Employee Intake Form

2020

Business: _____ Date: _____

Employee Name: _____

Address: _____

Job Title: _____ Are you a full time or part time employee? _____

Female Head of Household: Yes No

Disabled: Yes No

Hispanic: Yes No

Race (must check one one): White Black Asian American Indian Pacific Islander Other/Mixed

Income: You must circle how many people are in your household AND circle your household income under that column

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30% Very Low	\$17,950 or below	\$20,500 or below	\$23,050 or below	\$26,200 or below	\$30,680 or below	\$35,160 or below	\$39,640 or below	\$44,120 or below
50% Low	\$29,900 or below	\$34,200 or below	\$38,450 or below	\$42,700 or below	\$46,150 or below	\$49,550 or below	\$52,950 or below	\$56,400 or below
80% Moderate	\$47,850 or below	\$54,650 or below	\$61,500 or below	\$68,300 or below	\$73,800 or below	\$79,250 or below	\$84,700 or below	\$90,200 or below
Over 80%	\$47,851 or higher	\$54,651 or higher	\$61,501 or higher	\$68,301 or higher	\$73,801 or higher	\$79,251 or higher	\$84,701 or higher	\$90,201 or higher

Signature is required

I certify that all information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds to my employer, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I also understand that this information will NOT be released to unauthorized persons.

Employee Signature

Date

Thank you

April 2020 – Previous Versions are Obsolete