

SAMPLE FORM

(please use correct income for your particular project area)

EMPLOYEE INCOME CERTIFICATION

_____ City/County Commission is utilizing funds from the Alabama Department of Economic and Community Affairs (ADECA) for the construction of _____.

In order to verify the project's eligibility for Federal funds, the following information must be obtained from the proposed beneficiaries. The information must be verifiable and will be maintained in the strictest confidence.

Please CHECK the Income Limit which most closely corresponds to your household income for last year.

1 Person	5 Person
_____ \$ <u>-0-</u> to \$ _____	_____ \$ <u>-0-</u> to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ Greater than \$ _____	_____ Greater than \$ _____
2 Person	6 Person
_____ \$ <u>-0-</u> to \$ _____	_____ \$ <u>-0-</u> to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ Greater than \$ _____	_____ Greater than \$ _____
3 Person	7 Person
_____ \$ <u>-0-</u> to \$ _____	_____ \$ <u>-0-</u> to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ Greater than \$ _____	_____ Greater than \$ _____
4 Person	8 Person
_____ \$ <u>-0-</u> to \$ _____	_____ \$ <u>-0-</u> to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ \$ _____ to \$ _____	_____ \$ _____ to \$ _____
_____ Greater than \$ _____	_____ Greater than \$ _____

Number of Handicapped Persons in Household: _____

Female-Heads of Household Yes No

Ethnic Background:

Black White American Indian or Alaskan Hispanic Asian or Pacific Islander

Name of Employee (Print): _____

Signature: _____ Date: _____