

**Adams County Community Development
Community Development Block Grant (CDBG)
Small Business Stabilization Program – Employee Income Verification Form**

To whom it may concern:

Your employer has received assistance through Adams County to maintain/retain the business and associated job(s), including your job. We are asking for your cooperation in completing this form for record keeping purposes to verify both the job retention and income benefits being provided with Adams County CDBG funding. Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing the CDBG funds to help retain your job.

As soon as you have completed the information listed below, you may submit it directly to your employer or return it to the **Adams County Community Development Division, 4430 S Adams County Pkwy, Brighton, CO 80601-8222** or by emailing **CommDev@adcogov.org**. Thank you for your cooperation.

Full Name (print please):	
Address:	
Telephone	
Business Name of Employer:	
Job Title:	
Employment Status (check one):	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Please **circle** below the number of people in your household, including yourself:

People in Household:	1	2	3	4	5	6	7	8
Gross Annual Income:	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

Was your total household income during the last 12 months higher or lower than the amount below the number you circled? The dollar amounts represent annual household income.

Please **check** one: **HIGHER** OR **LOWER**

Describe any employer paid benefits you receive as an employee (ex: health insurance, retirement, etc.):

Please **check one** in each of the appropriate categories:

Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native		
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White		
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Other/Multi-Racial		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Female-headed Household?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled?: <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

Employee Signature

Date