

**CITY OF NORWICH
OFFICE OF COMMUNITY DEVELOPMENT
EMPLOYEE CERTIFICATION FORM**

Name of Company: _____

Project #: CDBG-CV SBG

Date Employed: _____

Family Income-Total income from all household members and all sources during the previous 12-month period. This includes but is not limited to wages, salary, interest, dividends, royalties, and farm income.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	Section 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	<u>21,600</u> TO	<u>35,950</u> TO	<u>54,950</u>	<input type="checkbox"/> Income below Column A <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income Above Column C
2 <input type="checkbox"/>	<u>24,650</u> TO	<u>41,050</u> TO	<u>62,800</u>	
3 <input type="checkbox"/>	<u>27,750</u> TO	<u>46,200</u> TO	<u>70,650</u>	
4 <input type="checkbox"/>	<u>30,800</u> TO	<u>51,300</u> TO	<u>78,500</u>	
5 <input type="checkbox"/>	<u>33,300</u> TO	<u>55,450</u> TO	<u>84,800</u>	
6 <input type="checkbox"/>	<u>35,750</u> TO	<u>59,550</u> TO	<u>91,100</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>63,650</u> TO	<u>97,350</u>	
8+ <input type="checkbox"/>	<u>44,120</u> TO	<u>67,750</u> TO	<u>103,650</u>	

RACE/ETHNICITY & DISABILITY STATUS

Do you have a handicap or disability? Yes No
 Are you Hispanic? Yes No
 Are you a female head of household? Yes No

RACE

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your employer offer a health care plan for this job? Yes No
 Were you unemployed before taking this job? Yes No

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the City of Norwich. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

Job Title

Date

Print Name

Signature Required