

## Greene County COVID-19 Emergency Loan Program 2020 Family Income Questionnaire

This business has received Federal assistance through Greene County and its Economic Development Corporation from the Community Development Block Grant (CDBG) program for a job-retaining economic development project. A condition of this assistance is that Federal regulations require that the business provide certain information from people whose employment is restored and/or retained through this program regarding their family income status. Please provide the information requested below. **Your responses will be kept entirely confidential.**

Applicant Name \_\_\_\_\_ Interview Date \_\_\_/\_\_\_/\_\_\_

Please circle the appropriate number of persons in your family (family is defined as all persons living in the same household who are related by birth, marriage, or adoption). Then **check the one income range on your Household Population's line** that most closely matches the total of the annualized income(s) of your family prior to today's date. **This form is geared to the 2020 HUD Low-Income Limits for Greene County.**

Household Population	Below		Between		Between		Above
1 Person	___	\$15,550	___	\$25,850	___	\$41,350	___
2 Persons	___	\$17,750	___	\$29,550	___	\$47,250	___
3 Persons	___	\$21,720	___	\$33,250	___	\$53,150	___
4 Persons	___	\$26,200	___	\$36,900	___	\$59,050	___
5 Persons	___	\$30,680	___	\$39,900	___	\$63,800	___
6 Persons	___	\$35,160	___	\$42,850	___	\$68,500	___
7 Persons	___	\$39,640	___	\$45,800	___	\$73,250	___
8 Persons	___	\$44,120	___	\$48,750	___	\$77,950	___

In order to assure that non-discrimination requirements of this federal program are met, you are requested to complete the following statement: **"I consider myself to be one of the following"** (check appropriate category):  
 \_\_\_ 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 \_\_\_\_\_ (describe)

**Also check the following if applicable:**

You are Hispanic (Spanish Origin)? \_\_\_ Your household is female-headed? \_\_\_  
 You are a handicapped individual? \_\_\_ You are 62 or over? \_\_\_  
 Were you previously unemployed? \_\_\_ Does this position offer health care benefits? \_\_\_

The information provided above is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**EMPLOYER CERTIFICATION**

The above person was hired/ not hired (Circle one). Hire Date \_\_\_/\_\_\_/\_\_\_  
 \_\_\_ Full Time \_\_\_ Part Time (check one)

The information provided above is true to the best of my knowledge. I understand that this form will not be accepted as proper documentation of job creation unless it is complete, including signatures of both the applicant and the employer.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_