Grantee:

CDBG Contract No:

INCOME CERTIFICATION

(Job Retention)

I, [insert typed name of retained employee] hereby certify that I am currently employed by:

Company Name:

Address:

I also certify that to the best of my knowledge, the total income in my family during the 12 months preceding the date of this certification was as stated below. If required, I will provide documentation regarding family size and family income. I understand that falsification of this information on my part may result in legal action against me.

This information is required by the federal guidelines of the Community Development Block Grant (CDBG) Program as evidence that the CDBG funds provided to the above named business (either directly or indirectly) were made available principally to persons who meet certain income guidelines. I understand that this information will be provided only to authorized government officials.

 **1. Total family income during the past 12 months: $**

 (This total should represent income earned by *all family members* and includes: salaries and wages before payroll deductions, net income from a business, interest, dividends, social security and pension payments, unemployment compensation and TANF payments. It does not include: food stamps, insurance reimbursements, irregular gifts, or scholarships.)

 **2. Total number of persons contributing to family income during the past 12 months:**

Typed/Printed Name Signature

Date

Notarized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

Notary Seal/Stamp: