### **Attachment A**

# Economic Development Program/Loan Program - Project Beneficiary Profile



West Allis is able to offer this service/program through a grant from the federal government. One requirement of this grant is that the City keeps track of all the individuals this program assists by family size and income level. To help with this requirement, we ask for your assistance. Please complete the information required below so that we may track the individuals we are assisting through this program. Please be aware the information is completely confidential and will not be released but is for record keeping and required federal reporting purposes only.

<ul><li>□ White</li><li>□ Asian</li><li>□ Native I</li><li>□ Asian &amp;</li><li>□ America</li></ul>	: White n Indian/A	Other Pacit laskan and		r 🗆	<ul> <li>□ Black/African American</li> <li>□ American Indian/Alaskan Native</li> <li>□ American Indian/Alaskan Native and White</li> <li>□ Black/African American and White</li> </ul>					
	☐ Other Multi-Racial  **HNICITY: (You MUST mark one) ☐ Hispanic ☐ Non-Hispanic									
Fomily Circ and I										
lamily Size and Income Levels (2018): (Please circle one) elow you will find a chart listing the various income levels. Find your family* size along the top of each column. hen circle the lowest income ** amount which exceeds your family income.										
Income Level	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person		
Extremely Low	17,300	19,800	22,250	25,750	30,170	34,590	39,010	43,430		
Low	28,850	32,950	37,050	41,150	44,450	47,750	51,050	54,350		
Moderate	46,100	52,700	59,300	65,850	71,150	76,400	81,700	86,950		
	46,101+	52,701	59,301+	65,850+	71,1501+	76,401+	81,751+	86,951+		
Non- Low/Moderate			l		<u> </u>			1		
Low/Moderate	ld – (please o	circle) Yes	or NO	)						
Low/Moderate  male Head of Househo  "Family" means a	all persons residing	in the same housel	nold. 18 years of age. H	owever, unearned i	ncome (such as incom	e from trust funds o	r investments) mus	t be included regardl		

Signature

#### **Economic Development Project/Loan Program**

# Employee Income Data Form

## Employer:

After the new and current employees have completed the "Employee Income Certification Form," please provide the following information for all employees (new, current, retained, terminated) that were hired as a result of the Economic Development Project/Loan Program project.

Name: Address: City: State:  Name and Address of Employee:  Name: Address: City: State:  Employee Identification Number (or S.S.#):	Zip:Zip:
Name and Address of Employee:   Name: Address: City: State:	Zip:
Name:Address:State:	Zip:
Address:State:	Zip:
Address:State:	Zip:
Employee Identification Number (or S.S.#):	
Job Title:	
Date Hired:	
Date Terminated, if applicable:	
Date Retained:	
Date Replacement Hired:	
•	
Average Hours Per Week Worked:	
Full time orPart time	
When hired, was the employee LMI (Low and Moderate Income)?	
Yes No	
Are there employer sponsored healthcare benefits?	
Were you unemployed prior employment?	
Category of work (Please Circle One)	
Office & Manager Craft Workers (skilled)	
Technicians Operators (Semi skilled)	
Sales Laborers	
Office & Clerical Service Worker	

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