# ATTACHMENT A City of West Allis

### **Economic Development 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.

Nam	nk you for your c e: ne #:				Add:	ress:			
	CE: (Please mark	Hawaiian/C White n Indian/A	laskan and		r 🗆 A	American In American I	an America dian/Alaska ndian/Alask an America ic	nn Native an Native	
	mily Size and Ir		,		,				
	ow you will find a						* size along	the top of e	ach column.
1110	Income Level	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
	Extremely Low	14,750	16,850	18,950	21,050	22,750	24,450	26,150	27,800
	Low	24,600	28,100	31,600	35,100	37,950	40,750	43,550	46,350
	Moderate	39,350	44,950	50,550	56,150	60,650	65,150	69,650	74,150
	Non- Low/Moderate	39,351+	44,951+	50,551+	56,151+	60,651+	65,151+	69,651+	74,151+
* **		ll persons residing in at of all members of cludes wages, pens	in the same househ of the family over ions, social securit	18 years of age. Hy benefits, rents, and	owever, unearned ind interest from an	y asset.			t be included regardless of the a

#### **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:	Zip:					
Name and Address of Employee:							
Name:							
Address:							
City:	State:	Zip:					
Employee Identification	Number (or S.S.#):						
Job Title:							
Date Hired:							
Date Terminated, if applicable:							
Date Retained:							
Date Replacement Hire	d:						
Average Hours Per Wee	ek Worked:						
Full time or							
When hired, was the em	aployee LMI (Low and Moderate Income)?						
Yes No							
Are there employer spor	nsored healthcare benefits?						
Were you unemployed prior employment?							
Category of work (Pleas	se Circle One)						
Office & Manager							
Technicians	Operators (Semi skilled)						
Sales	Laborers						
Office & Clerical	Service Worker						