



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.

Thank you for your cooperation.

Name: _____ Address: _____
 Phone #: _____

RACE: (Please mark one)

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

ETHNICITY: (Please mark one) Hispanic Non-Hispanic

Family Size and Income Levels: (Please mark one)

Below you will find a chart listing the various income levels. Find your family* size along the top of each column. Then 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	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+

Female Head of Household – (please circle) Yes or NO

* "Family" means all persons residing in the same household.
 ** "Income" means that of all members of the family over 18 years of age. However, unearned income (such as income from trust funds or investments) must be included regardless of the age of the beneficiary. Income includes wages, pensions, social security benefits, rents, and interest from any asset.

I understand that the information provided in this certification is subject to verification by the City of West Allis and/or HUD.

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.

1. Name and Address of Employer:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Name and Address of Employee:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

3. Employee Identification Number (or S.S.#): _____

4. Job Title: _____

5a. Date Hired: _____

5b. Date Terminated, if applicable: _____

5c. Date Retained: _____

5d. Date Replacement Hired: _____

6. Average Hours Per Week Worked: _____
____ Full time or ____ Part time

7. 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 |