Attachment A

<u>Economic Development Program/Loan Program - Project Beneficiary</u> <u>Profile</u>



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.

RA	CE: (You MUST White Asian Native F Asian & American Other M HNICITY: (You	Iawaiian/C White n Indian/A ulti-Racia	Other Pacid laskan and		r	American In American I	an America dian/Alaska ndian/Alask an America ic	an Native an Native	
Bel	mily Size and In	chart listir	ng the vario	us income l	evels. Find		* size along	the top of e	ach column.
I'he	n circle the lowes Income Level	t income *;	amount w	hich exceed 3 person	ls your fam 4 person	ily income. 5 person	6 person	7 person	8 person
	Extremely Low	17,650	20,150	22,650	25,150	27,200	29,200	31,200	33,200
	Low	29,350	33,550	37,750	41,900	45,300	48,650	52,000	55,350
	Moderate	46,950	53,650	60,350	67,050	72,450	77,800	83,150	88,550
	Non- Low/Moderate	46,951+	53,651	60,351+	67,051+	72,451+	77,800+	83,151	88,551
*		ll persons residing nat of all members cludes wages, pens	in the same housel of the family over ions, social securit	18 years of age. Hy benefits, rents, and	owever, unearned i	asset.			it be included regardless of t

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 and Address of Employer:							
Address:							
City:	State:	Zip:_					
Name and Address of Employee:							
Name:							
Address:							
City:	State:	Zip:					
Employee Identification	on Number (or S.S.#):						
Job Title:							
Date Hired:							
Date Terminated, if an	pplicable:						
Date Retained:							
Awaraga Haura Dan W	Cook Worked						
Average Hours Per Week Worked:Full time orPart time							
run time of	rait time						
When hired, was the e	employee LMI (Low and Moderate Income	e)?					
Yes No	- •	-,-					
Are there employer ene	nsored healthcare benefits?						
Are there employer spo	disoled heatificate beliefits?						
Were you unemployed	prior employment?						
Category of work (Please Circle One)							
	Craft Workers (skilled)						
Technicians	` ,						
1 CCITITICIAIIS	Operators (Semi skilled)						
Sales	Laborers						

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