

**Office of Housing and Community Partnerships  
Ohio Small Cities Community Development Block Grant Program  
Job Benefit Verification Employee Certification**

Your current/perspective employer, which appears below, is the recipient of financial assistance through the federally funded Ohio Community Development Block Grant (CDBG) Small Cities Program. As a result of the assistance received, the business must provide data on job creation and/or retention. **This information is not part of the interview process and will not be considered for hiring purposes.** This information is, however, subject to verification by authorized government officials.

A. Name of Employer: \_\_\_\_\_ (print)

Address of Employer: \_\_\_\_\_ (print)

Name of Employee: \_\_\_\_\_ (print)

B. Race, Ethnicity, Gender and Disability Status.

Please mark **only one** of the following race classifications:

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

- Multi-Racial:
- Black/African American & White
  - American Indian/Alaska Native & White
  - Asian & White
  - American Indian/Alaska Native & Black/African American
  - Other Multi-Racial

Please check "Yes" or "No":

Hispanic or Latino: Yes:  No:

Please check all that apply:

Male:  Female:  Female Head of Household:

Disabled:  Unemployed:

C. Circle your household size & one income range in the corresponding row that represents your household income for the prior 12 months:

Household Size	Income Range (30%)	Income Range (50%)	Income Range (80%)	Income Range (NL)
1 person				
2 person				
3 person				
4 person				
5 person				
6 person				
7 person				
8 persons or more				

D. Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

===== Do Not Write Below This Line – To Be Completed By Employer After Hire =====

Job Description (check one): Manager/Professional:  Sales:  Office/Clerical:  Service:  Technician:  Other:   
Date Employed (mo./day/yr.): \_\_\_/\_\_\_/\_\_\_ Check one: Full-Time:  Part-Time (less than 35 hrs/wk):

===== Do Not Write Below This Line – To Be Completed By Grant Administrator =====

County: \_\_\_\_\_ FY: \_\_\_\_\_ LMI Qualified Y:  N: