

**City of Albany COVID-19 Small Business Adaptation Program
Family Income Form**

The employment position for which you are applying/currently hold has been made available/retained with financial assistance from the City of Albany COVID-19 Small Business Adaptation Program using U.S. Department of Housing and Urban Development (HUD) Federal Community Development Block Grant – Coronavirus (CDBG-CV) Funding. As a result, the employer is required to obtain the following information.

The information provided herein will be confidential and will be used to provide statistical data, as required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Capitalize Albany Corporation, Albany Community Development Agency, and the U.S. Department of Housing and Urban Development.

Name of Business: _____ **EIN:** _____

Address: _____

Employee/Applicant Name: _____ **Job Title:** _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who *currently* resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Circle the appropriate family size below. Next, total the income from all sources received during the last calendar year (January - December) by yourself and each member of your family who *currently* resides with you. Income includes wages, salaries, tips, business income, interest, dividends, the taxable portion of pensions and annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, and social security; less alimony paid and unreimbursed employee business expenses calculated consistent with IRS Form 2106. Compare this total to the figure listed for the circled family size and indicate which range your family income falls within by checking the appropriate box.

My Family Income is (check one)

Family Size (circle one below)	<30% Median	30-50% Median		50-80% Median		>80% Median
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	\$20,400	\$20,401	\$33,950	\$33,951	\$54,350	\$54,351
2	\$23,300	\$23,301	\$38,800	\$38,801	\$62,100	\$62,101
3	\$26,200	\$26,201	\$43,650	\$43,651	\$69,850	\$69,851
4	\$29,100	\$29,101	\$48,500	\$48,501	\$77,600	\$77,601
5	\$31,450	\$31,451	\$52,400	\$52,401	\$83,850	\$83,851
6	\$33,800	\$33,801	\$56,300	\$56,301	\$90,050	\$90,051
7	\$36,100	\$36,101	\$60,150	\$60,151	\$96,250	\$96,251
8	\$38,450	\$38,451	\$64,050	\$64,051	\$102,450	\$102,451

9 or more _____ Actual Income \$ _____

Race:

- | | | |
|---|---|--|
| <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"/> Black/African American and White | <input type="checkbox"/> Asian and White | <input type="checkbox"/> American Indian/Alaskan Native and Black/African American |
| <input type="checkbox"/> Other/Multi-Racial | <input type="checkbox"/> Hispanic* | |

Ethnicity: * Hispanic - HUD has designated Hispanic as an ethnic group. A person should select both a racial group and an ethnic group when this ethnic group is selected.

- | | | |
|---|--|---|
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Elderly Persons | <input type="checkbox"/> Disabled Persons |
|---|--|---|

Currently Employed? Yes or No

I certify that the information provided herein is true to the best of my knowledge.

Signature: _____

Date: _____