

Town of Brookline
Community Development Block Grant Program (CDBG)
Small Business Assistance
Income Verification Form - For Job Retention and Job Creation

Employee Name: _____ Business: _____

Your employer has received assistance through the Town of Brookline to maintain the business and create or retain associated job(s), including your job. We are asking your cooperation in completing this form for record keeping purposes to verify both the job retention and income benefits being provided through the Town of Brookline’s Small Business Relief Grant Program. Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing the Community Development Block Grant (CDBG) funds to help retain your job.

As soon as you have completed the information listed below, you may submit it directly to your employer or return it to Meredith L. Mooney, Economic Development Planner, at the Town of Brookline’s Planning and Community Development Department at 333 Washington Street, Third Floor, Brookline, MA 02445. Meredith can be reached at mmooney@brooklinema.gov or 617-264-6478. Thank you for your cooperation.

Full Name (print please):		
Address:		
Telephone		
Job Title:		full-time or part-time (circle one) Number of hours per week _____

Please **circle** below the number of people in your household, including yourself:

 1 2 3 4 5 6 7 8
 \$70,750 \$80,850 \$90,950 \$101,050 \$109,150 \$117,250 \$125,350 \$133,400

Was your total household income during the last 12 months higher or lower than the amount below the number you circled? The dollar amounts represent annual household income.

Please **circle** one: **HIGHER** or **LOWER**

Describe any employer paid benefits you receive as an employee: _____

Please **circle** the appropriate *race category* and *Hispanic ethnicity* if applicable. (optional):

- | | |
|---|---|
| 1. White
2. Asian
3. Native Hawaiian/Other Pacific Islander
4. Asian & White
5. American Indian/Alaskan Native & Black/African American | 6. Black/African American
7. American Indian/ Alaskan Native
8. American Indian/Alaskan Native & White
9. Black/African American & White
10. Other Multi Racial |
|---|---|

Hispanic ethnicity if appropriate: Hispanic/Not Hispanic Female Headed Household? Yes No _____

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

Employee Signature

Date