



AGREEMENT FOR FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES FOR THE RETENTION OF JOBS

In order to receive the various forms of Financial/Technical Assistance available through BLACK ECONOMIC DEVELOPMENT COALITION, INC., D/B/A TOOLS FOR CHANGE, businesses must enter into an Agreement to make "available" and to "document" the job retention for the benefit of low and moderate-income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of _____ to:

- 1) Make available 51% of the resulting jobs to low- and moderate-income individuals.
- 2) Provide a list of the job titles of the permanent jobs expected to be retained, which will be available to low/moderate-income individuals and which jobs require special skills or education and which are part-time, if any;
- 3) Provide a description of steps to be taken by your business to ensure that low- and moderate income individuals receive first consideration for the jobs retained;
- 4) Maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) Complete an annual report of all jobs retained with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that **BLACK ECONOMIC DEVELOPMENT COALITION, INC D/B/A TOOLS FOR CHANGE** will not provide all the assistance requested by your business until action is executed.

(Agreed by) Signature of Applicant

Date

DUNS Number-Required/Mandatory
(To obtain a DUNS#, PLEASE CALL 1-866-705-5711)

Intake Office (Name of Agency)

Date

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

AMCD/___/62112



**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT
JOB RETENTION VERIFICATION (NON-ELIGIBLE BLOCK GROUP)**

THE COMPANY IN WHICH YOU ARE APPLYING FOR EMPLOYMENT HAS RECEIVED FEDERAL ASSISTANCE. THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED BY THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of Employee: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Hire: _____ Were you unemployed prior to taking your job? Yes No

Does your employer offer employer sponsored health care benefit? Yes No

Please check the box next to the job title that best describes your position:

- | | | |
|---|---|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Laborer (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft work (skilled) | <input type="checkbox"/> Service workers |

Job Title: _____ Full Time: Yes No If part-time, number of hours: _____ / wk

DEMOGRAPHIC INFORMATION

Gender: Male Female

Ethnicity: Hispanic Not Hispanic

Racial Category (select one below):

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

Total Family Size (Please circle one): 1 2 3 4 5 6 7 8

Total Family Size Income: \$ _____

NOTE(s):

- PROOF OF HOUSEHOLD INCOME**
- EMPLOYER MUST INCLUDE A COPY OF THE ABOVE EMPLOYEE'S FIRST PAY STUB – NO EXCEPTIONS.**



Please see reverse side for family size and household income.





PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

GENERAL CDBG INTAKE ELIGIBILITY FORM

LIMITED INCOME (LMI) LIMITED CLIENTELE (LMC) / LIMITED JOBS (LMJ) / LIMITED HOUSING (LMH)

NAME:		PHONE:	
ADDRESS:		ZIP:	

Gender: Male Female **Ethnicity:** Hispanic Not Hispanic

Race (Please check the race category which applies to you):

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

List Yourself and all Other Persons Occupying Home	Relationship	Gender	Age	Employed?
1.	Self			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME VERIFICATION DATA

The assistance you receive is determined in part by the size of your household and your income. All income and assets will require verification before eligibility will be granted. Income includes all money coming into the household from all persons over 18 years old. Wages, salaries, tips, commissions; Self-employment income; Retirement, Survivor, or Disability pensions; Social Security or Railroad retirement; Supplemental Security Income, Aid to Families with Dependent Children (AFDC), Temporary Assistance to Needy Families (TANF), Food Stamps, or other public assistance, or public welfare programs; Interest, dividends, net rental income, or income from estates or trusts; and any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, alimony, and child support must be disclosed.

Household Member	Source of Income	Gross Monthly Amount Received
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Income Eligibility Acceptable Documentation: Copy of Pay Stubs (from previous employer), Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF) Official Printout/letter, Food Stamp Official Printout/letter, Letter confirming amount of unemployment benefits received, proof of child support or alimony, proof of SSA/SSI or Veteran's Benefits, or proof of retirement income. **MUST ATTACH A COPY OF DOCUMENTS – NO EXCEPTIONS.**

I, the undersigned applicant, do hereby authorize _____ to verify my personal records, including wages, pensions, and investments. It is understood that this authorization is granted for the sole purpose of certifying my eligibility for federal financial assistance, and that all information acquired in this regard will remain confidential.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Signature of Applicant

Date





**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
GENERAL CDBG INTAKE ELIGIBILITY FORM**

CDBG INCOME ELIGIBILITY	24 CFR 570.208	
Activity classified under family size and income	24 CFR 570.208(a)(2)(i)(B)	24 CFR 570.506(b)(3)(iii)
Activity is classified based on income eligibility requirements that restrict it exclusively to low- and moderate-income persons	24 CFR 570.208(a)(2)(i)(C)	24 CFR 570.506(b)(3)(iii)

DEFINITIONS / 24 CFR 570.3

Family means all persons living in the same household who are related by birth, marriage or adoption.

Household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Income. For the purpose of determining whether a family or household is low- and moderate-income under subpart C of this part, grantees may select any of the three definitions listed below for each activity, except that integrally related activities of the same type and qualifying under the same paragraph of 570.208(a) shall use the same definition of income. The option to choose a definition does not apply to activities that qualify under 570.208(a)(1) (Area benefit activities), except when the recipient carries out a survey under 570.208(a)(1)(vi). Activities qualifying under 570.208(a)(1) generally must use the area income data supplied to recipients by HUD. The three definitions are as follows:

(i) Annual income as defined under the Section 8 Housing Assistance Payments program at 24 CFR 813.106 (except that if the CDBG assistance being provided is homeowner rehabilitation under 570.202, the value of the homeowner's primary residence may be excluded from any calculation of Net Family Assets); or

Estimate the annual income of a family or household by projecting the prevailing rate of income of each person at the time assistance is provided for the individual, family, or household (as applicable).

Estimated annual income shall include income from all family or household members, as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

Low- and moderate-income household means a household having an income equal to or less than the Section 8 low-income limit established by HUD.

Low- and moderate-income person means a member of a family having an income equal to or less than the Section 8 low-income limit established by HUD. Unrelated individuals will be considered as one-person families for this purpose.

Low-income household means a household having an income equal to or less than the Section 8 very low-income limit established by HUD.

Low-income person means a member of a family that has an income equal to or less than the Section 8 very low-income limit established by HUD. Unrelated individuals shall be considered as one-person families for this purpose.

INSTRUCTIONS FOR IMPLEMENTING AGENCY

You must first seek third party verification. This is a verification that is received directly from the source of income. The request can be by mail, fax, or email. It must be clearly evidenced that it was received from the source.

FY 2023 INCOME LIMITS Effective May 11, 2023

Area Median Income (AMI): \$61,000				Please check the appropriate family size and income.			
✓	Family Size	✓	Extremely Low (30% of Median)	✓	Very Low (50% of Median)	✓	Low (80% of Median)
<input type="checkbox"/>	1	<input type="checkbox"/>	\$21,700	<input type="checkbox"/>	\$36,150	<input type="checkbox"/>	\$57,800
<input type="checkbox"/>	2	<input type="checkbox"/>	\$24,000	<input type="checkbox"/>	\$41,300	<input type="checkbox"/>	\$66,050
<input type="checkbox"/>	3	<input type="checkbox"/>	\$27,900	<input type="checkbox"/>	\$46,450	<input type="checkbox"/>	\$74,300
<input type="checkbox"/>	4	<input type="checkbox"/>	\$30,950	<input type="checkbox"/>	\$51,600	<input type="checkbox"/>	\$82,550
<input type="checkbox"/>	5	<input type="checkbox"/>	\$33,450	<input type="checkbox"/>	\$55,750	<input type="checkbox"/>	\$89,200
<input type="checkbox"/>	6	<input type="checkbox"/>	\$35,950	<input type="checkbox"/>	\$59,900	<input type="checkbox"/>	\$95,800
<input type="checkbox"/>	7	<input type="checkbox"/>	\$38,400	<input type="checkbox"/>	\$64,000	<input type="checkbox"/>	\$102,400
<input type="checkbox"/>	8	<input type="checkbox"/>	\$40,900	<input type="checkbox"/>	\$68,150	<input type="checkbox"/>	\$109,000

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PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REQUIRED DOCUMENTATION FOR INCOME VERIFICATION

If an agency has an activity that has been classified as Low-Mod Clientele (LMC), Low-Mod Jobs (LMJ), or Low-Mod Housing (LMH), the agency will be required to obtain information from low-to-moderate income households/persons in order to verify income eligibility.

Please note that income eligibility is determined based on household income and size. Below is a list of acceptable documentation to confirm income eligibility. It is important to note that all funded agencies will be responsible to maintain such documentation on file for seven years after Public Housing and Community Development (PHCD) has informed the agency through an official close out/report or letter that activity is closed.

- **Client's Paycheck Stubs, Social Security Insurance (SSI) Checks, TANF (Temporary Assistance for Needy Families) checks, or other public assistance checks** – A photocopy should be made of the two (2) most recent pay period check stubs, benefit checks received by the client, or the notification of electronic transfer;
- **W2 Form or Tax Return Form** – A photocopy of the client's W2 form from his/her most current employer for wages earned or a photocopy of the client's most recent tax return form may document income; Please redact. All social security numbers must be redacted
- **SSI, SSD and TANF, Food Stamp or other Letters of Notification of Benefits** – Social Security Administration, and the Department of Children and Families issue letters of notification of benefits to clients informing them of their approval for benefits and the amounts of the benefits to be received. A photocopy of these letters will be sufficient as proof of income;
- **Other benefit notification letters** may be acceptable if they indicate the client's income level (e.g., Social Security Administration, Medicaid, Medicare, Food Stamps, etc);
- **Letter of acceptance from the school lunch program**
- **Notarized statements or affidavits** signed by the client that describe amount and source of income
- **Third party documentation verification documents sent and returned; sent and not returned**

HUD INCOME LIMITS FOR MIAMI-DADE COUNTY

FY 2023 U.S. HUD INCOME LIMITS for Miami-Dade County Effective May 11, 2023			
Area Median Income (AMI): \$ 61,000	EXTREMELY LOW (30% of Median)	VERY LOW (50% of Median)	LOW (80% of Median)
FAMILY SIZE	LESS THAN:	VERY LOW	GREATER THAN:
1 person	\$21,700	\$36,150	\$57,800
2 persons	\$24,800	\$41,300	\$66,050
3 persons	\$27,900	\$46,450	\$74,300
4 persons	\$30,950	\$51,600	\$82,550
5 persons	\$33,450	\$55,750	\$89,200
6 persons	\$35,950	\$59,900	\$95,800
7 persons	\$38,400	\$64,000	\$102,400
8 persons	\$40,900	\$68,150	\$109,000

New tables are published yearly by USHUD and will be provided to the Agency when available.



Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**
▶ **For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.**

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2022	2021	2020	2019
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Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ. See instructions.

Sign Here	▶	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	▶	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

The filing location for the Form 4506T-EZ has changed. Please see the **Where to File** section for your new mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

855-587-9604

RAIVS Team
Stop 6705 S-2
Kansas City, MO
64999

855-821-0094

RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

855-298-1145

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.