



## TOOLS FOR CHANGE (TFC) INTAKE FORM

CLIENT # \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Eligible Block Group  
Y or N  
District # \_\_\_\_\_

### PERSONAL INFORMATION (PLEASE PRINT)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

WHITE	BLACK / AFRICAN AMERICAN	ASIAN	AMERICAN INDIAN / ALASKAN NATIVE
NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	AMERICAN INDIAN / ALASKAN NATIVE & WHITE	ASIAN & WHITE	BLACK / AFRICAN AMERICAN & WHITE
AMERICAN INDIAN / ALASKAN NATIVE & BLACK	OTHER MULTI-RACIAL	ASIAN / PACIFIC ISLANDER	HISPANIC

Are you a veteran? Y or N \_\_\_\_\_ What branch did you serve? \_\_\_\_\_ Honorable Discharged? Y or N \_\_\_\_\_  
How many years completed? \_\_\_\_\_

**Please circle the appropriate column for your family size and household income.**

FAMILY SIZE	HOUSEHOLD INCOME EXTREMELY LOW	HOUSEHOLD INCOME VERY LOW	HOUSEHOLD INCOME LOW
	<b>LESS THAN</b>	<b>VERY LOW</b>	<b>GREATER THAN</b>
1	\$21,700	\$36,150	\$57,800
2	\$24,800	\$41,300	\$66,050
3	\$27,900	\$46,450	\$74,300
4	\$30,950	\$51,600	\$82,550
5	\$33,450	\$55,750	\$89,200
6	\$35,950	\$59,900	\$95,800
7	\$38,400	\$64,000	\$102,400
8	\$40,900	\$68,150	\$109,000

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Female Head of Household \_\_\_\_\_ Male Head of Household \_\_\_\_\_ New Business \_\_\_\_\_ Existing Business \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FUNDED BY: MIAMI DADE COUNTY'S PUBLIC HOUSING AND COMMUNITY DEVELOPMENT AND SBA PRIME**



**BLACK ECONOMIC DEVELOPMENT**  
**COALITION, INC JOB RETENTION**  
**VERIFICATION**



**THE COMPANY IN WHICH YOU ARE APPLYING FOR EMPLOYMENT HAS RECEIVED FEDERAL ASSISTANCE. THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED BY THE U.S. DEPARTMENT OF TREASURY DEPARTMENT .**

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: EMPLOYER MUST INCLUDE A COPY OF THE ABOVE EMPLOYEE'S FIRST PAY STUB - NO EXCEPTIONS.**

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.

\_\_\_\_\_  
 Employee's Name (Print/Type) Employee's Signature Date

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



# GENERAL INTAKE ELIGIBILITY FORM



## LIMITED INCOME (LM) 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 TOOLS FOR CHANGE (Name of Agency) 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.

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Signature of Applicant

Date



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



**FY 2023 INCOME LIMITS Effective June 15, 2023**

**Area Median Income (AMI): \$68,300** 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"/>	\$24,800	<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"/>	<b>\$30,950</b>	<input type="checkbox"/>	<b>\$51,600</b>	<input type="checkbox"/>	<b>\$82,550</b>
<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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\_\_\_\_\_  
Employee's Name (Print/Type)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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This material is available in an accessible format upon request.

CD/25/61512V3



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



**CDBG INCOME ELIGIBILITY**

Activity classified under family size and income	24 CFR 570.208	
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)(B)	24 CFR 570.506(b)(3)(iii)
	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.

**Income Limits for Fiscal Year 2023 Effective (06/15/2023) Please  
check the appropriate family size and income.**

√	Family Size	√	Extremely Low (30% of Median)	√	Very Low (50% of Median)	√	Low (80% of Median)
	1		\$21,700		\$36,150		\$57,800
	2		\$24,800		\$41,300		\$66,050
	3		\$27,900		\$46,450		\$74,300
	4		<b>\$30,950</b>		<b>\$51,600</b>		<b>\$82,550</b>
	5		\$33,450		\$55,750		\$89,200
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