

TOOLS FOR CHANGE (TFC) INTAKE FORM

CLIENT #	

FOR OFFICE USE ONLY

Eligible Block Group Y or N District #

	TOOLS FOR CHANGE	ļ			
	CIMUGE	PERSONAL INF	ORMATION (PLEAS	E PRINT)	
First	Name:	Last Name:			
Home	e Address:	C	City:	State:Zip:	
	, -				
					_
			PHIC INFORMATION		_
WHITE		BLACK / AFRICAN AMERICAN	ASIAN	AMERICAN INDIAN / ALASKAN NATIVE	
NATIVI	E HAWAIIAN /	AMERICAN INDIAN /			
	PACIFIC	ALASKAN NATIVE &		BLACK / AFRICAN	
ISLANI	DER	WHITE	ASIAN & WHITE	AMERICAN & WHITE	_
AMERI	CAN INDIAN /				
ALASK	AN NATIVE &	OTHER MULTI-	ASIAN / PACIFIC		
BLACK		RACIAL	ISLANDER	HISPANIC	_
		What branch did you se	rve?	Honorable Discharged? Y or N	-
How ma	any years completed	1?			
Please c	ircle the appropria	te column for your family s	size and household inco	ome.	-
I loube t	FAMILY SIZE	HOUSEHOLD INCOME	HOUSEHOLD INCOM		
		EXTREMELY LOW	VERY LOW	Low	
		LESS THAN	VERY LOW	GREATER THAN	
	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				Date:	
Street A	ddress:		City	St: Zip:	
Female 1	Head of Household _	Male Head of Househ	old New Busines	s Existing Business	
Phone #	:	Fax #:	Email:		_
Comme	ent:				_
					_
Signatu	re:		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:			
Clty:	State:	Zip Code:	
Phone Number:	_		
Name of Employee:			
Street Address:			
City: State:	Zlp Code:		
Phone Number:	_		
Date of Hire:	— Were you unem	ployed prior to tal	ing your Job? Yes No
Does your employer offer employer sponsored he	ealth care benefit?	☐ Yes ☐ N	0
Please check the box next to the job title that	best describes yo	ur position:	
	es ice and Clerical ift work (skilled)		Operativeş (semi-skilled) Laborer (unşkilled) Service workers
Job Title: Full Time:	☐ Yes ☐ No	If part-time, nu	mber of hours: / wk
DEMOC	GRAPHIC INFORM	ATION	
Gender: Male Female Racial Category (select one below):	Ethnicity:	Hispanic	lot Hispanic
 □ White □ Asian □ Black/African Americ □ Asian & White □ Native Hawalian/Othe □ American Indian or Alaskan Native & Black/African American □ TOTAL FAMILY SIZE (Please circle one): 	can & White er Pacific Islander rican American 2 3 4 5	☐ American Ir ☐ Other: Mult	ndian/Alaskan Native ndian/Alaskan Native & White il Racial
TOTAL FAMILY SIZE INCOME: \$			
NOTE: EMPLOYER MUST INCLUDE A CO NO EXCEPTIONS.	OPY OF THE AB	OVE EMPLOY	RE'S FIRST PAY STUB -
BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL BEST OF MY KNOWLEDGE, I AM AWARE THAT IF OR ANY OTHER DOCUMENTATION THAT I PROV OR IMPRISONMENT OF UP TO FIVE (5) YEARS, CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AN	I MAKE ANY WILLF IDE FOR PROGRAM OR BOTH, UNDER	JL FALSE STATE I ELIGIBILITY, I N SECTION 1001	EMENT IN THIS CERTIFICATION 1AY BE PUNISHED WITH FINES OF TITLE 18, UNITED STATES
Employee's Name (Print/Type)	Employee	e's Slgnature	Date









GENERAL INTAKE ELIGIBILITY FORM

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

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7.															Yes	IN
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PUBLIC HOUSING AND COMMUNITY DEVELOPMENT







COMMUNITY DEVELOPMENT BLOCK GRANT JOB RETENTION VERIFICATION (NON-ELIGIBLE BLOCK (GROUP)

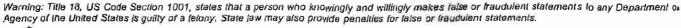
FY 2023 INCOME LIMITS Effective June 15, 2023

Area Median Income (AMI): \$68,300 Please check the appropriate family size

V	Famil y Size	4	Extremely Low (30% of Median)	1	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		\$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

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







PUBLIC HOUSING AND COMMUNITY DEVELOPMENT GENERAL CDBG INTAKE ELIGIBILITY FORM







CDBG INCOME ELIGIBILITY

Activity classified under family size and income

Activity is classified based on income eligibility requirements

that restrict it exclusively to low- and moderate-income persons

24 CFR 570.208

24 CFR 570.208(a)(2)(i)(B)

24 CFR 570.208(a)(2)(i)(C)

24 CFR 570.506(b)(3)(iii)

24 CFR 570.506(b)(3)(iii)

DEFINITIONS / 24 CFR 570.3

Eamily 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 purson 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.

1	Famlly Size	1	Extremely Low (30% of Median)	1	Very Low (50% of Median)	V	Low (80% of Median)
	1		\$21,700		\$36,150		\$57,800
	2		\$24,800		\$41,300	W	\$66,050
	3		\$27,900		\$46,450	Ħ.	\$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

. 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 penalries for false of fraudulent statements.



CD/17/042022 V3