

**City of Rio Rancho**  
**Community Development Block Grant Program (CDBG-CV)**  
**Small Business Assistance Program**  
**Income Verification Form - For Job Retention**

Dear \_\_\_\_\_:                      Business: \_\_\_\_\_

Your employer has received assistance through the City of Rio Rancho to maintain/retain the business and 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 provided through the City of Rio Rancho's Small Business Assistance 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 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 the City of Rio Rancho Financial Services Department, 3200 Civic Center Circle, Suite 300, Rio Rancho, NM 87144, sgonzales@rrnm.gov. Thank you for your cooperation.

|                           |  |                                     |  |
|---------------------------|--|-------------------------------------|--|
| Full Name (print please): |  |                                     |  |
| Address:                  |  |                                     |  |
| Telephone                 |  |                                     |  |
| Job Title:                |  | full-time or part-time (circle one) |  |

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

|          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|
| <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> |
| \$38,750 | \$44,250 | \$49,800 | \$55,300 | \$59,750 | \$64,150 | \$68,600 | \$73,000 |

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:** \_\_\_\_\_

**Household member information:**

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> | <u>Monthly Gross Income</u> |
|-------------|---------------------|------------|-----------------------------|
| _____       | _____               | _____      | _____                       |
| _____       | _____               | _____      | _____                       |
| _____       | _____               | _____      | _____                       |
| _____       | _____               | _____      | _____                       |
| _____       | _____               | _____      | _____                       |

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

- |  |   |
|--|---|
| 1. White   | 6. Black/African American                 |
| 2. Asian   | 7. American Indian/ Alaskan Native        |
| 3. Native Hawaiian/Other Pacific Islander                  | 8. American Indian/Alaskan Native & White |
| 4. Asian & White   | 9. Black/African American & White         |
| 5. American Indian/Alaskan Native & Black/African American | 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. I agree to provide, upon request, documentation on all income sources to the CDBG Grant Administrator or HUD if needed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date