



## **Employee Family Income Certification Form** **(ED Form 1)**

1. The employee of the business completes this form.
2. Complete all items unless noted as optional.
3. Return the form to your employer.

Your employer is participating in the City of San Francisco's efforts to strengthen the small business community and increase the assets of low- to moderate-income San Franciscans. As a participating business, your employer has agreed to provide the City with information needed to track the number of jobs being filled by low- to moderate-income people. By providing your household income information, you are helping the City gather meaningful results that are necessary to maintain critical programs.

Please return this form directly to your employer. This information will remain confidential and will not be used for any other purpose. We thank you for your time and cooperation.

### **1. Race and Ethnicity**

#### **Which best describes your ethnicity?**

(Mark one. Please also select from the "race" options below)

- Hispanic/Latino
- Not Hispanic/Latino

#### **Which best describes your race?**

(Mark all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

### **2. Gender Identity and Sexual Orientation**

#### **What is your gender?**

(Mark the ONE that best describes your current gender identity)

- Female
- Male
- Genderqueer/Gender Non-Binary
- Trans Female
- Trans Male
- Not Listed. Please Specify: \_\_\_\_\_

#### **How do you describe your sexual orientation or sexual identity? (Mark ONE)**

- Bisexual
- Gay/Lesbian/Same-Gender Loving
- Questioning/Unsure
- Straight/Heterosexual
- Not Listed. Please Specify: \_\_\_\_\_
- Decline to Answer

### **3. Language**

#### **What is your primary language spoken at home?**

(Mark ONE)

- Chinese – Cantonese
- Chinese – Mandarin
- English
- Filipino
- Russian
- Spanish
- Vietnamese
- Other Language. Please Specify: \_\_\_\_\_

### **4. Family Size and Income**

**Which best describes your family?** A family includes a single person or a group of people living together. (Mark ONE)

- Single Headed Family
- Dual Headed Family

**Number of persons living in your family** (including yourself): \_\_\_\_\_

**Estimated income for next 12 months for all adult members:** \$ \_\_\_\_\_

## 5. Current Income Information

(Review and circle the income level of the client. Number of persons in section 4. Family Size and Income must match this section. If number of family members is greater than eight persons, refer to instruction sheet.)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	\$0 – 36,550	\$0 – 41,800	\$0 – 47,000	\$0 – 52,200	\$0 – 56,400	\$0 – 60,600	\$0 – 64,750	\$0 – 68,950
Low Income	\$36,551-60,900	\$41,801-69,600	\$47,000-78,300	\$52,201-87,000	\$56,401-94,000	\$60,601-100,950	\$64,750-107,900	\$68,950-114,850
Moderate Income	\$60,901-97,600	\$69,601-111,550	\$78,301-125,500	\$87,001-139,400	\$94,001-150,600	\$100,951-161,750	\$107,901-172,900	\$114,851-184,050
Above Moderate Income	\$97,601 or greater	\$111,551 or greater	\$125,501 or greater	\$139,401 or greater	\$150,601 or greater	\$161,751 or greater	\$172,901 or greater	\$184,051 or greater

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development) for federally funded grants.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address, City, Zip

\_\_\_\_\_  
Phone number

### EMPLOYER USE ONLY (Complete this section before providing copy to your Employee)

Business Name: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position (Please circle one): New or Existing

Hours per week: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Position Includes Health Benefits (Please circle one): Yes or No

Employee was previously unemployed (Please circle one): Yes or No

Type of Job (Please check one that best describes job):

- Craft Workers (skilled)   
  Office and Clerical   
  Service Workers   
  Professional  
 Laborers (unskilled)   
  Sales   
  Technicians   
  Officials and Managers