



**COVID-19 CDBG EMERGENCY BUSINESS ASSISTANCE LOAN PROGRAM
INCOME VERIFICATION FORM - For Job Retention**

DATE: _____

Business: _____

Your employer has received assistance through the City of Massillon 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 being provided through the City of Massillon's small business assistance program.

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 Massillon Community Development Department, 151 Lincoln Way East, Massillon OH 44646 or email to swalters@massillonohio.gov. Thank you for your cooperation.

**FOR REFERENCE ONLY.
DO NOT COMPLETE AT THIS TIME.
THIS FORM WOULD BE DUE 3 MONTHS AFTER THE RECEIPT OF FUNDS FROM THE CITY. IF YOU RETAIN ONE LOW-TO-MODERATE INCOME EMPLOYEE THAT FALLS AT OR UNDER THESE INCOME GUIDELINES YOUR BUSINESS WOULD BE ELIGIBLE FOR LOAN FORGIVENESS**

Full Name (print please):		
Address:		
Telephone:		
Job Title:	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Are you a resident of the City of Massillon? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select the <u>number</u> of people in your household, including yourself: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	

Was your total household income during the last 12 months higher or lower than the amount indicated below?
The dollar amount represents annual household income. Higher Lower

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$38,950	\$44,500	\$50,050	\$55,600	\$60,050	\$64,500	\$68,950	\$73,400

Describe any employer paid benefits you receive as an employee: _____

Please identify the appropriate race category and Hispanic ethnicity if applicable (optional):			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American & White		
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		
<input type="checkbox"/> Asian	<input type="checkbox"/> White		
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Other Multi-Racial		
Hispanic ethnicity if appropriate	<input type="checkbox"/> Hispanic	Female Head of Household	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> No

By signing below, 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.

Signature

Date