

CONFIDENTIAL JOB RETENTION INCOME SURVEY

NORTH DAKOTA DIVISION OF COMMUNITY SERVICES

SFN 52666 (06/07)

This information is being requested because _____
 (Name of Company) has received a government-assisted loan/grant/equity injection. Your answers will be treated confidentially.

Name	Address	County
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1. Number of Household members including yourself _____
 Income Verification: Please circle income level that corresponds to your household's income for the most recent calendar year

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30% Limits	0 to _____	0 to _____	0 to _____	0 to _____	0 to _____	0 to _____	0 to _____	0 to _____
50% Limits	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
80% Limits	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Above 80% Limit	_____	_____	_____	_____	_____	_____	_____	_____

*Use data for the appropriate county from the CDBG Supplement to the Action Plan or the DCS website

2. Please indicate the average number of hours per week you are employed.
 20 hours/week or less 21-31 hours/week 32 hours/week or more

3. Please indicate your racial group:

<input type="checkbox"/> White (11)	<input type="checkbox"/> American Indian/Alaskan Native & White (16)
<input type="checkbox"/> Black/African American (12)	<input type="checkbox"/> Asian & White (17)
<input type="checkbox"/> Asian (13)	<input type="checkbox"/> Black/African American & White (18)
<input type="checkbox"/> American Indian/Alaskan Native (14)	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American (19)
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (15)	<input type="checkbox"/> Other Multi-Racial (20)

4. Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that the information provided above is a true representation of my family income and size and I understand that this information may be subject to verification.

Signature of Employee

Date

TO BE COMPLETED BY EMPLOYER

Job Title of Employee (listed above):

Does this position require any skills beyond a high school degree? If yes, please specify requirements needed for this position: _____ Yes No

Is the business providing any special training for this position? If yes, describe training project: _____ Yes No

Does this position have employer sponsored health care benefits? _____ Yes No

Signature of Employer

Date