City of Utica Employee Questionnaire

This employer has received financial assistance from the City of Utica and the U.S. Department of Housing and Urban Development Community Development Block Grant program under the COVID-19 Stimulus Loan Program. A condition of the receipt of this assistance is that all prospective employees of the firm must provide certain information regarding their family as of the day prior to application or hiring. Please provide the information requested below. Your responses will be kept entirely confidential.

Employee Nan	ne:			
Name of Empl	oyer:			
Position:			Date of Hire:	
the same hous	sehold who ar	re related by birth, m	iarriage, or adoptic	family is defined as all persons living in on) as of February 15, 2020. Then check is income(s) of your family as of February
		Below Between	Above	
	1 Person	\$25,100	\$40,150	
	2 Persons	\$28,700	\$45,900	
	3 Persons	\$32,300	\$51,650	
	4 Persons	\$35,850	\$57,350	
	5 Persons	\$38,750	\$61,950	
	6 Persons	\$41,600	\$66,550	
	7 Persons	\$44,500	\$71,150	
	8 Persons	\$47,350	\$75,750	
		discrimination requireste the following.	ments of the HUD p	program are being met, you are requested
White,	Asian,	ne of the following" (o Black, Hisp neaded?Yo	oanic, Native A	
The information	on provided is	true to the best of my	knowledge.	
Signed:		Date:		
EMPLOYER	CERTIFICA	ATION		
The above pers	son was hired	on:as a _	Full Time or	Part Time employee.
Signed:		Title:	Date:	