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

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 _____	8 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:
   - ☐ White (11)
   - ☐ Black/African American (12)
   - ☐ Asian (13)
   - ☐ American Indian/Alaskan Native (14)
   - ☐ Native Hawaiian/Other Pacific Islander (15)
   - ☐ American Indian/Alaskan Native & White (16)
   - ☐ Asian & White (17)
   - ☐ Black/African American & White (18)
   - ☐ American Indian/Alaskan Native & Black/African American (19)
   - ☐ Other Multi-Racial (20)

4. Ethnicity: Hispanic	5. Head of Household	6. Sex	7. Do you have a disability?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Male ☐ Female	☐ Yes ☐ No

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