

CDBG ECONOMIC DEVELOPMENT APPLICATION FORM

Effective 01/01/2014

Community Development Funds have been used by _____ (business) for development or expansion which will result in new employment, we must keep records which demonstrate who is being served. Information will remain confidential and will be kept by Anoka County.

1) Name: _____ 2) Number of People in household _____

3) Address: _____

4) Status before this position **Circle one:** Employed Unemployed Under employed

5) Type of Job – **Circle one**

Officer/Manager	Professional	Technician
Sales	Office/Clerical	Craft Worker
Operative	Laborer	Service Worker

6) Hours per week: _____ 7) Date of hire: _____ 8) Does employer sponsor health care: _____

9) Race- **Circle one**

- | | | | |
|-------|---|---|--|
| White | American Indian <u>and</u> White | Black / African American | Native Hawaiian <u>or</u> Pacific Islander |
| Asian | African American <u>and</u> White | American Indian <u>or</u> Alaska Native | Asian <u>and</u> White |
| Other | American Indian <u>and</u> African American | | |

10) Ethnicity Hispanic? Yes No

Income Information: Circle family size (total number in household including foster children) **then, without changing rows,** Circle the amount listed to the right of the "family size" column that includes your total household income.

Family Size	Income Categories			
	Extremely Low	Low	Moderate	Over Income
1 →	\$17,400 or below	\$17,401 thru \$29,050	\$29,051 thru \$44,750	\$44,751 or above
2 →	\$19,900 or below	\$19,901 thru \$33,200	\$33,201 thru \$51,150	\$51,151 or above
3 →	\$22,400 or below	\$22,401 thru \$37,350	\$37,351 thru \$57,550	\$57,551 or above
4 →	\$24,850 or below	\$24,851 thru \$41,450	\$41,451 thru \$63,900	\$63,901 or above
5 →	\$26,850 or below	\$26,851 thru \$44,800	\$44,801 thru \$69,050	\$69,051 or above
6 →	\$28,850 or below	\$28,851 thru \$48,100	\$48,101 thru \$74,150	\$74,151 or above
7 →	\$30,850 or below	\$30,851 thru \$51,400	\$51,401 thru \$79,250	\$79,251 or above
8 →	\$32,850 or below	\$32,851 thru \$54,750	\$54,751 thru \$84,350	\$85,351 or above
More than 8 Talk to agency staff for help in determining income category for your household.				

I certify that the information on this form is accurate and complete. I authorize the US Dept of Housing and Urban Development or Anoka County to verify the information provided if necessary.

Signature of Participant

Date

Warning: Section 1001 of Title 18 of US. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

Important! Please Read and Sign

All information you provide about you and your family household is considered private data as defined by the Minnesota Government Data Practices Act. The information collected will be used to determine the businesses eligibility for this program. We will use your private data only when it is required for the administration and management of the program. Persons or agencies with whom this information may be shared include:

1. City staff that are responsible for administration of this program.
2. Staff from the Economic Development program.
3. Auditors who are required to review our programs.
4. Authorized personnel from Anoka County or the U.S. Department of Housing and Urban Development, which provide the funding for this program.
5. Law enforcement officials in the case of suspected frauds.

Unless otherwise authorized by State or Federal law, other government agencies must also treat this information as private data. You may wish to exercise your rights under the Minnesota Government Data Practices Act. Those rights include 1) the right to see and obtain copies of the data maintained on you, 2) be told the contents and meaning of the data, and 3) challenge the accuracy and completeness of the data.

To exercise your rights under this provision, contact the Anoka County Community Development at 763-323-5714.

To the best of my knowledge, the information on this form is accurate and true. I give my permission to this agency to verify my eligibility and share the necessary private data to those who are required to administer this program.

Signature: _____ Date: _____

Return in envelope marked confidential to:

**Kate Thunstrom
Anoka County Government Center
2100 3rd Avenue, 7th Floor
Anoka, MN 55303-2489**