



Name of Company: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Family Income Total from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends and royalties.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	INCOME LIMITS			INCOME DETERMINATION
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	\$26,600	\$44,350	\$65,050	<input type="checkbox"/> Income below Column A <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income above Column C
2 <input type="checkbox"/>	\$30,340	\$50,650	\$74,350	
3 <input type="checkbox"/>	\$34,200	\$57,000	\$83,650	
4 <input type="checkbox"/>	\$38,000	\$63,300	\$92,900	
5 <input type="checkbox"/>	\$41,050	\$68,400	\$100,350	
6 <input type="checkbox"/>	\$44,100	\$73,450	\$107,800	
7 <input type="checkbox"/>	\$47,150	\$78,500	\$115,200	
8+ <input type="checkbox"/>	\$50,200	\$83,600	\$122,650	

**RACE/ETHNICITY & DISABILITY STATUS**

Do you have a handicap or disability?  Yes  No

Are you Hispanic?  Yes  No

Are you a female head of household?  Yes  No

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your Employer offer a health care plan for this job?  Yes  No

Were you under employed before taking this job?  Yes  No

To the Best of my knowledge, the above information is true and can be verified is requested by proper officials of the city/county or the Stat of New York. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

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Job Title

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Date

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Print Name

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Signature Required