City of Newport Beach



COVID-19 CDBG ECONOMIC DEVELOPMENT GRANT PROGRAM

SELF-CERTIFICATION

EMPLOYEE - ANNUAL GROSS WAGES/SALARY - THIS EMPLOYER ONLY

INSTRUCTIONS: This is a written statement from the employee of a business owner seeking assistance through the City of Newport Beach COVID-19 CDBG Economic Development Grant Program documenting: (1) the employee's annual gross wages/salary earned from this employer only where gross wages/salary is before any taxes or other deductions are taken out. In accordance with FR-6218-N-01 issued by HUD in response to the nationwide economic impacts of COVID-19, the City of Newport Beach will consider the employee incomequalified for the purpose of the retention and/or creation of a low- and moderate income job if the annual wages or salary of the job is equal to or less than the Section 8 low-income limit established by HUD for a one-person family. The current Section 8 low-income limit as of April 1, 2020 is shown below. This one-person income is subject to change by HUD annually.

Employee to complete this certification statement for his/her income from this job. Fill in the blank fields below and check only the boxes that apply to you and provide support documentation listed on page 2.

Business Information					
Business Name:					
Business Location/Address:					
	Newport Beach, California				
 Employee Information					
Employee Name (as shown on payroll):					
Employee Home Address:					
EARNINGS/WAGES					
Current employment with this Business: 🗌 Full-Time 🗌 Part-Time 🗌 Not Employed					
Current average work hours per week: Number of months worked per year: Hourly Rate: \$					
Frequency of Paycheck (check one): 🗌 Weekly 📄 Every two weeks 🗌 Twice a month 🗌 Once a month					
Monthly Salary Rate: \$	Other: \$				
Average Monthly Tips: \$	Monthly Commission/Bonus: \$				

Maximum One-Person GROSS Income Limit as of April 1, 2020 (The gross wages/salary for your job at this business cannot be higher than shown below.)			
1 Person			
\$71,750			
Gross income defined: All income before any deductions such as taxes, retirement contributions, union dues, etc.			

Employee Income From this Business. Employee enter annual income anticipated for the next 12 months from this employer only. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. Include anticipated annual commissions/bonuses/tips, etc.

Annual gross income earned from this employer: \$

CERTIFICATION

I/we certify that this information contained on this two-page form is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Newport Beach (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form **authorizes** the City to **verify all** sources of incomes and/or **including**, but limited to, the submittal of a request to the Internal Revenue Service and Employment Development Department/Unemployment Agency to verify the income documented in this certification.

EMPLOYEE SIGNATURE						
Signature		Printed Name	Date			
REQUIRED SUPPORT DOCUMENTATION						
EMPLOYEE : Please attach the following with this certification:						
1.	One month of most recent paycheck stubs.					
2.	2. 2019 W-2 from this employer.					

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Newport Beach does not discriminate on the1 basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, orservices/activities.

