

SELF-CERTIFICATION of EMPLOYEE

Name of Business:									
The information provided on this form is for program guideline and HUD reporting purposes only.									
Part I: Confidential Participant / Beneficiary Income Certification (Must completed and signed by employee.)									
The dollar amounts represent annual household income HUD (Section 8 Program Limit) for the 2020 Income Limits for Oxnard-Thousand Oaks-Ventura, CA Metropolitan Statistical Area (MSA). Step 1) Select the number of people in your Household. Step 2) Looking down the column, select your gross annual household income range.									
Gross Annual Income Range by Household Size	<input type="checkbox"/> 1 Person Household	<input type="checkbox"/> 2 Person Household	<input type="checkbox"/> 3 Person Household	<input type="checkbox"/> 4 Person Household	<input type="checkbox"/> 5 Person Household	<input type="checkbox"/> 6 Person Household	<input type="checkbox"/> 7 Person Household	<input type="checkbox"/> 8 Person Household	
Extremely Low (0 - 30% MSA)	<input type="checkbox"/> \$0 - \$23,700	<input type="checkbox"/> \$0 - \$27,100	<input type="checkbox"/> \$0 - \$30,500	<input type="checkbox"/> \$0 - \$33,850	<input type="checkbox"/> \$0 - \$36,600	<input type="checkbox"/> \$0 - \$39,300	<input type="checkbox"/> \$0 - \$42,000	<input type="checkbox"/> \$0 - \$44,700	
Low (31 - 50% MSA)	<input type="checkbox"/> \$23,701 - \$39,550	<input type="checkbox"/> \$27,101 - \$45,200	<input type="checkbox"/> \$30,501 - \$50,850	<input type="checkbox"/> \$33,851 - \$56,450	<input type="checkbox"/> \$36,601 - \$61,000	<input type="checkbox"/> \$39,301 - \$65,500	<input type="checkbox"/> \$42,001 - \$70,000	<input type="checkbox"/> \$44,701 - \$74,550	
Moderate (51 - 80% MSA)	<input type="checkbox"/> \$39,551 - \$63,250	<input type="checkbox"/> \$45,201 - \$72,300	<input type="checkbox"/> \$50,851 - \$81,350	<input type="checkbox"/> \$56,451 - \$90,350	<input type="checkbox"/> \$61,001 - \$97,600	<input type="checkbox"/> \$65,501 - \$104,850	<input type="checkbox"/> \$70,001 - \$112,050	<input type="checkbox"/> \$74,551 - \$119,300	
Non-Low/Moderate (Above 80% MSA)	<input type="checkbox"/> \$63,251 - Above	<input type="checkbox"/> \$72,301 - Above	<input type="checkbox"/> \$81,351 - Above	<input type="checkbox"/> \$90,351 - Above	<input type="checkbox"/> \$97,601 - Above	<input type="checkbox"/> \$104,851 - Above	<input type="checkbox"/> \$112,051 - Above	<input type="checkbox"/> \$119,300 - Above	
Did you receive Employer Sponsored Health Care Benefits?									
Are you a fulltime employee or a part time employee?									
Job Category:									
I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for City or Federal funds, which may include immediate repayment of all City or Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by city or federal personnel as part of compliance monitoring.									
<input type="checkbox"/>	By Checking this box, I agree to the above certification.					Date Certified:			
Certifying Employee's Name and Job Title:									

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Part II: Confidential Participant / Beneficiary HUD Demographic Information (If data is voluntarily left blank by employee, employer must complete confidential demographic data for Part II)			
Female Head of Household:			
Ethnicity:			
Race:			
III: Confidential Participant / Beneficiary HUD Demographic Information (Employer must complete the following information)			
Date Employee was Hired:			
Job Type:			
<p>I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for City or Federal funds, which may include immediate repayment of all City or Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by city or federal personnel as part of compliance monitoring.</p>			
<input type="checkbox"/>	By Checking this box, I agree to the above certification.		Date Certified:
Certifying Employer's Name and Title:			