

Handout # 13

CLEVELAND LOW INCOME WORKER VERIFICATION APPLICATION

City of Cleveland Office of Equal Opportunity Contract Compliance 601 Lakeside Ave, Room 335 Cleveland, Ohio 44114

Phone: 216.664.4152 • Fax: 216.664.3870 • Email: oeo@city.cleveland.oh.us • Hours: 8 am to 5 pm Weekdays

A contractor seeking to qualify an employee as a "Low Income Cleveland Resident" for purposes of compliance with the Fannie M. Lewis Cleveland Resident Employment Law (Ch. 188 C.O.) must submit this application and the supporting documents requested below demonstrating the employee's Cleveland residency status and total household income for the previous year to the Office of Equal Opportunity. OEO requires income documentation from all adult household members to determine eligibility.

EMPLOYEE / APF	PLICANT INFORMATION							
EMPLOYEE NAME:				LAST 4 DIGITS OF SOCIAL				
					SECURI	TY #:		
ADDRESS:								
CITY:					ZIP:			
EMAIL:				PHC	ONE:			
TITLE / POSITION	OF EMPLOYEE / APPLIC	CANT						
TITLE / POSITION:								
CONTRACTOR /	EMPLOYER INFORMATI	ON (W	HERE A	PPLICAI	BLE)			
CONTRACTOR:		·			·			
ADDRESS:								
CITY:		STATE:	STATE: ZIP:		ZIP:			
EMAIL:				PHONE:				
EMPLOYEE		REQUESTED EFFECTIVE START						
DATE OF HIRE:		DATE for LOW INCOME STATUS						
0	Documentation: Address must match employee addresse [] State Identification			Bill in emplo	yee's nam	e at cur	rrent address	
Income Documentation Submit one of the following								
[] Previous Year's Federal Tax or								
Cupplemental Income [Decumentation							

Supplemental Income Documentation

Note: Review and acceptance of supplemental income documentation to demonstrate low income status is subject to the sole discretion of the Director of OEO.

- □ Proof of Governmental Assistance, including Social Security, Veterans Affairs payments, or Supplemental Security income
- □ Unemployment Documentation or Workers' Compensation Documentation
- □ Utility bill or other documentation indicating reduced payments due to Low Income status
- □ Other documents that prove the individual's total income for the calendar year

EMPLOYEE / APPL	ICANT INFORM	IATION					
EMPLOYEE NAME:				LAST 4 DIGITS OF			
				SOCIAL SECURITY #:			
ousehold Information	:						
ease complete the following	•						
vase complete the following		hold Income in previous y	year: <u>\$</u>				
	2. Number of A	dults in your household:					
	3. Number of C	hildren in your household:					
OTE: IF YOU HAVE IDENTI OR EACH ADDITIONAL AD			JSEHOLD, YOU	MUST SUBMIT FINA	NCIAL INFORMATION		
JD Section 8 Income	Limits (Revised 03	3-11-2019)					
ow Income Person" means ection 8 Low (80%) Income	a Resident of the Cit limit established by the	y of Cleveland who is a r Department of Housing ar	member of a far nd Urban Develo	nily having an income pment (HUD).	e equal to or less than the		
		HOUSEHOLD SIZE	: I	OW INCOME LIMIT			
		1 🗆	<u> </u>	\$39,600			
	CHECK	2 🗆		\$45,250			
	CHECK the	3 □					
	iate household size	4 🗆	4 🗆 \$5				
and in	come limit below.	5 □	5 □ \$0				
		6 □	6 🗆				
		7 🗆		\$70,150			
		8 🗆		\$74,650			
lousehold	Name (first o	Name (first and last) Gross Inc.		Source of Income			
come Summary	ne Summary Name (first and last)		oss Income	(Empic	oyer if Applicable)		
to the second second							
you require additional pace, please attach							
nother page to this							
ocument.							
	OVEE ACKNOW		CICMATUD				
APPLICANT / EMPL	LUYEE ACKINUI	NLEDGEWIENT &	SIGNATUR	<u> </u>			
declare that the information of the information listed. I authorize the information listed is a support of the information of t					provide documents to verify the		
PPLICANT / EMPLOYEE SIGNA	TURE			DATE			
	MATION						
EMPLOYER INFOR							
		s verification application fo	or its records.				
The contractor listed below montractor NAME			Or its records.	IL	-		
he contractor listed below montractor name	nay receive a copy of thi			IL	-		
he contractor listed below m	nay receive a copy of thi			IL	-		

CITY OF CLEVELAND PROJECT(S) ASSOCIATED WITH THIS APPLICATION