**Job Benefit Verification Form**

The Small Business Retention Grant Program is funded by the City of Fayetteville with American Rescue Plan Act funds. As a condition of the grant award, each business agrees to create or retain at least one full-time equivalent job and make it available to a low to moderate-income person within the next year. Low to Moderate income households are defined as:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Size** | **1 member** | **2 member** | **3 member** | **4 member** | **5 member** | **6 member** | **7 member** | **8 member** |
| **Income Limits** | **$37,310** | **$42,640** | **$47,970** | **$53,300** | **$57,564** | **$61,828** | **$66,092** | **$70,356** |

**Number of LMI individuals your business plans to hire:**

**Number of LMI individuals your business plans to retain:**

By signing this document, I certify to the best of my knowledge and belief that what is stated is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Applicant Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_