



CITY OF CLEVELAND
Mayor Justin M. Bibb

PreCon Handout #11 / Training 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: 216.664.4151 ▪ **Fax:** 216.664.3870 ▪ **Email:** besperon@clevelandohio.gov ▪ **Hours:** 9 am to 6 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 / APPLICANT INFORMATION			
EMPLOYEE NAME:		LAST 4 DIGITS OF SOCIAL SECURITY #:	
ADDRESS:			
CITY:		ZIP:	
EMAIL:		PHONE:	
TITLE / POSITION OF EMPLOYEE / APPLICANT			
TITLE / POSITION: (Must be in the construction trade)			
CONTRACTOR / EMPLOYER INFORMATION (WHERE APPLICABLE)			
CONTRACTOR:			
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:		PHONE:	
EMPLOYEE DATE OF HIRE:		REQUESTED EFFECTIVE START DATE for LOW INCOME STATUS:	
Projects will be working on:			

Cleveland Residency Documentation:

Submit one of the following. Address must match employee address above.

- Driver's License State Identification Current **Utility Bill** in employee's name at current address
(**Electric / Gas / Water / Sewer Bills are only accepted**)

Income Documentation:

Submit one of the following.

- Previous Year's Federal Tax Return **or** **Federal Tax Transcript** - To order a Tax Transcript, call 1-800-908-9946 or order the transcript online at <http://www.irs.gov/Individuals/Order-a-Transcript>

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 / APPLICANT INFORMATION			
EMPLOYEE NAME:		LAST 4 DIGITS OF SOCIAL SECURITY #:	

Household Information:

Please complete the following:

1. **Total Household Income** in previous year: \$ _____
2. Number of Adults in your household: _____
3. Number of Children in your household: _____

NOTE: IF YOU HAVE IDENTIFIED MORE THAN ONE ADULT IN YOUR HOUSEHOLD, YOU MUST SUBMIT FINANCIAL INFORMATION FOR EACH ADDITIONAL ADULT LISTED BELOW.

HUD Section 8 Income Limits (Revised 05-02-22)

“**Low Income Person**” means a Resident of the City of Cleveland who is a member of a family having an income equal to or less than the Section 8 Low (80%) Income limit established by the Department of Housing and Urban Development (HUD).

Please CHECK the appropriate household size and income limit below.	HOUSEHOLD SIZE	LOW INCOME LIMIT
	1 <input type="checkbox"/>	\$47,850
	2 <input type="checkbox"/>	\$54,650
	3 <input type="checkbox"/>	\$61,500
	4 <input type="checkbox"/>	\$68,300
	5 <input type="checkbox"/>	\$73,800
	6 <input type="checkbox"/>	\$79,250
	7 <input type="checkbox"/>	\$84,700
	8 <input type="checkbox"/>	\$90,200

Household Income Summary	Name (first and last)	Gross Income	Source of Income (Employer if Applicable)
If you require additional space, please attach another page to this document.			

APPLICANT / EMPLOYEE ACKNOWLEDGEMENT & SIGNATURE	
I declare that the information on this form is true, correct and complete to the best of my knowledge. I agree to provide documents to verify the information listed. I authorize the City of Cleveland’s Office of Equal Opportunity to verify the information provided.	
_____ APPLICANT / EMPLOYEE SIGNATURE	_____ DATE

APPLICATION REVIEWED BY GENERAL CONTRACTOR / PRIME CONTRACTOR / CONTRACT HOLDER			
_____ PRINT NAME	_____ SIGNATURE	_____ POSITION / TITLE	_____ DATE

PROJECT INFORMATION
_____ CITY OF CLEVELAND PROJECT(S) ASSOCIATED WITH THIS APPLICATION