STATE OF KANSAS

**DEPARTMENT OF COMMERCE**

**EMPLOYEE CERTIFICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Company: |  |  | Project #: |  |
| Date Employed: |  |  |  | |

Family Income-Total income from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends, royalties, and farm income.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY**  **SIZE** | 1. ***INCOME LIMITS*** | | |  |
|  | A  (30%) | B  (50%) | C  (80%) |  |
| 1 | 13,450 TO | 22,350 TO | 35,750 | Income below Column A  Income between Column A & B  Income between Column B & C  Income Above Column C |
| 2 | 16,910 TO | 25,550 TO | 40,850 |
| 3 | 21,330 TO | 28,750 TO | 45,950 |
| 4 | 25,750 TO | 31,900 TO | 51,050 |
| 5 | 30,170 TO | 34,500 TO | 55,150 |
| 6 | 34,590 TO | 37,050 TO | 59,250 |
| 7 | 39,010 TO | 39,600 TO | 63,350 |
| 8+ | 42,150 TO | 42,150 TO | 67,400 |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **RACE/ETHNICITY & DISABILITY STATUS** | |
|  | |
| Do you have a handicap or disability? | Yes No |
| Are you Hispanic? | Yes No |
| Are you a female head of household? | Yes No |

|  |  |
| --- | --- |
| **RACE** | |
| White | American Indian/Alaskan Native & White |
| Black/African American | Asian & White |
| Asian | Black/African American & White |
| American Indian/Alaskan Native | American Indian/Alaskan Native & Black/African American |
| Native Hawaiian/Other Pacific Islander | Other |

|  |  |
| --- | --- |
| Does your employer offer a health care plan for this job? | Yes No |
| Were you unemployed before taking this job? | Yes No |

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| --- |
| To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county or the State of Kansas. I also certify that I am authorized to work in the United States and can produce evidence of work authorization. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Job Title** |  | **Date** |
|  |  |  |
| **Print Name** |  | **Signature Required** |