



**STATE OF KANSAS DEPARTMENT OF COMMERCE  
EMPLOYEE CERTIFICATION FORM**

**This form must be completed for each employee of the business applying.**

**In order to receive funds, 51% of the business's employees must be at 80% LMI or lower.**

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, mark the box that indicates your family size. Using the income limits on the line corresponding to your family size, mark the appropriate income box on the right side.

Family Size (Circle One)	Section 1: Income Limits			Circle One
	A – 30%	B – 50%	C – 80%	
1	\$13,650	\$22,750	\$36,350	Income below
2	\$17,240	\$26,000	\$41,550	Column A
3	\$21,720	\$29,250	\$46,750	Income between
4	\$26,200	\$32,450	\$51,900	Column A & B
5	\$30,680	\$35,050	\$56,100	Income between
6	\$35,160	\$37,650	\$60,250	Column B & C
7	\$39,640	\$40,250	\$64,400	Income Above
8	\$42,850	\$42,850	\$68,550	Column C

**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**

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your employer offer a health care plan for this job?      Yes   No

Were you unemployed before taking this job?                      Yes   No

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**