

**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	Section 2: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	13,600 TO	22,650 TO	36,200	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	17,240 TO	25,850 TO	41,400	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	21,720 TO	29,100 TO	46,550	
4 <input type="checkbox"/>	26,200 TO	32,300 TO	51,700	<input type="checkbox"/> Income between Column B & C
5 <input type="checkbox"/>	30,680 TO	34,900 TO	55,850	
6 <input type="checkbox"/>	35,160 TO	37,500 TO	60,000	<input type="checkbox"/> Income Above Column C
7 <input type="checkbox"/>	39,640 TO	40,100 TO	64,150	
8+ <input type="checkbox"/>	42,650 TO	42,650 TO	68,250	

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