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 ☐	13,600 TO	22,650 TO	36,200	☐ Income below Column A
2 ☐	17,240 TO	25,850 TO	41,400	
3 ☐	21,720 TO	29,100 TO	46,550	☐ Income between Column A & B
4 ☐	26,200 TO	32,300 TO	51,700	
5 ☐	30,680 TO	34,900 TO	55,850	☐ Income between Column B & C
6 ☐	35,160 TO	37,500 TO	60,000	
7 ☐	39,640 TO	40,100 TO	64,150	☐ Income Above Column C
8+ ☐	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

☐ 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

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**