



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.

The 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 size.

FAMILY SIZE	SECTION 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	____ TO	____ TO	____ TO	<input type="checkbox"/> Income below column A <input type="checkbox"/> Income between column A & B <input type="checkbox"/> Income between column B & C <input type="checkbox"/> Income above column C
2 <input type="checkbox"/>	____ TO	____ TO	____ TO	
3 <input type="checkbox"/>	____ TO	____ TO	____ TO	
4 <input type="checkbox"/>	____ TO	____ TO	____ TO	
5 <input type="checkbox"/>	____ TO	____ TO	____ TO	
6 <input type="checkbox"/>	____ TO	____ TO	____ TO	
7 <input type="checkbox"/>	____ TO	____ TO	____ TO	
8+ <input type="checkbox"/>	____ TO	____ TO	____ TO	

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.

Signature Required Date

Print Name Job Title