

**CITY OF SALINA
CDBG-CV
INSTRUCTIONS FOR COMPLETING EMPLOYEE CERTIFICATION FORM**

1. An Employee Certification Form must be completed and signed by each employee retained during the specified time period of the CDBG project. During the project, the KDOC representatives will compare payroll listings to the Employee Certification Forms. Any employee without a certification form will not qualify as a job created by the project or will be classified as a non-LMI job.
2. Prior to giving the form to the employee, the company should fill in their date of employment/hire. The company should also fill in the exact job title, since many times the employee does not know that information.
3. Owners, LLC members or corporation stockholders do not need to be included in the employee count unless a sole proprietorship without employees.
4. The employee **MUST** complete the other information, including a check in the column of the income section. The income is **the total gross family income for the past 12 months or the 2019 Tax Return whichever is less**. The easiest way to get this is to have them use the gross income they reported on their last income tax return. PLEASE NOTE: The employee is not required to fill out the personal information on the certification form if they choose not to do so.
5. Make sure the employee signs and dates the form.
6. Please return the completed and signed form with the business application or to NCRPC.
7. If the employee feels more comfortable, it is acceptable to have them place in a sealed envelope.

Questions contact:

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

Name of Company: _____

Project #: _____

Date Employed: _____

Number of hours worked per week _____

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 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	_____ TO	_____ TO	_____	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	_____ TO	_____ TO	_____	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	_____ TO	_____ TO	_____	<input type="checkbox"/> Income between Column B & C
4 <input type="checkbox"/>	_____ TO	_____ TO	_____	<input type="checkbox"/> Income Above Column C
5 <input type="checkbox"/>	_____ TO	_____ TO	_____	
6 <input type="checkbox"/>	_____ TO	_____ TO	_____	
7 <input type="checkbox"/>	_____ TO	_____ TO	_____	
8+ <input type="checkbox"/>	_____ 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.

Job Title

Date

Print Name

Signature Required