STATE OF KANSAS
DEPARTMENT OF COMMERCE
EMPLOYEE CERTIFICATION FORM

Name of Company: ___________________________________________ Project #: 20-CV-002

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.

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>Section 1: INCOME LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A (30%)</td>
</tr>
<tr>
<td>1</td>
<td>13,600 TO</td>
</tr>
<tr>
<td>2</td>
<td>17,240 TO</td>
</tr>
<tr>
<td>3</td>
<td>21,720 TO</td>
</tr>
<tr>
<td>4</td>
<td>26,200 TO</td>
</tr>
<tr>
<td>5</td>
<td>30,680 TO</td>
</tr>
<tr>
<td>6</td>
<td>35,160 TO</td>
</tr>
<tr>
<td>7</td>
<td>39,640 TO</td>
</tr>
<tr>
<td>8+</td>
<td>42,650 TO</td>
</tr>
</tbody>
</table>

☐ Income below Column A
☐ Income between Column A & B
☐ Income between Column B & C
☐ Income Above 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

☐ 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 ___________________________