

ASSISTED ACTIVITY JOB CREATION CERTIFICATION FORM 2022

This is a confidential form for reporting job creation for monitoring purposes only for the City of Los Angeles, Economic and Workforce Development Department, Economic Development Division. Effective date: June 1, 2022.

EMPLOYEE SECTION: *To be completed by the employee.*

Employee Name or Employee ID#: _____

City, State & Zip: _____

Race/Ethnic Origin: Check one in each section.

Race (check <u>one</u> of the following 10 categories):	
American Indian or Alaska Native	American Indian or Alaskan Native AND White
Asian	Asian AND White
Black or African American	Black/African American AND White
Native Hawaiian or Other Pacific Islander	American Indian/Alaskan Native AND Black/African-American
White	Balance / Other

Ethnicity (check <u>one</u>):	
Hispanic / Latino	
Not Hispanic / Latino	

Decline to state	
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Income Status: Find the size of your family on the grid below, then circle the income level in that row that applies to your family prior to your current employment. Family Income levels are subject to change by HUD.

2022 CDBG Income Guidelines– Circle the appropriate box:				
Family Size	Group 1	Group 2	Group 3	Group 4
1 Person	\$0 - \$25,050	\$25,051 - \$41,700	\$41,701 - \$66,750	\$66,751 +
2 Person	\$0 - \$28,600	\$28,601 - \$47,650	\$47,651 - \$76,250	\$76,251 +
3 Person	\$0 - \$32,200	\$32,201 - \$53,600	\$53,601 - \$85,800	\$85,801 +
4 Person	\$0 - \$35,750	\$35,751 - \$59,550	\$59,551 - \$95,300	\$95,301 +
5 Person	\$0 - \$38,650	\$38,651 - \$64,350	\$64,351 - \$102,950	\$102,951 +
6 Person	\$0 - \$41,500	\$41,501 - \$69,100	\$69,101 - \$110,550	\$110,551 +
7 Person	\$0 - \$44,350	\$44,351 - \$73,850	\$73,851 - \$118,200	\$118,201 +
8 Person	\$0 - \$47,200	\$47,201 - \$78,650	\$78,651 - \$125,800	\$125,801 +

Falsification of a certification form is a violation of federal law and subject to prosecution.

Signature of Employee _____
(Signature required for this form to be valid.)

Date Signed _____

EMPLOYER SECTION: *To be completed by the employer.*

Employer's Name: _____ Company Name: _____

Business Address: _____

Position Information:

This position is: a) a New Position an Existing Position
 b) Full Time (at least 35 hrs per week) Part Time (# of Hours/Week: _____)

Position Title: _____ Start Date: _____

Job Category for this Position: Check One			
Official or Manager	Sales	Operative (Semi-skilled)	
Professional	Office or Clerical	Laborer (Unskilled)	
Technician	Craft Worker (Skilled)	Service Worker	

Signature of Company Representative _____

Date Signed _____

CONSULTANT SECTION: *To be completed by the consultant (if applicable)*

Contractor Name: _____ Consultant's Name: _____

Signature of the Consultant _____

Date Signed _____