## **ASSISTED ACTIVITY JOB CREATION CERTIFICATION FORM 2023**

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 15, 2023**.

EMPLOYER SECTION: To be	e completed by the employer.					
Employer/Owner's Name:	Company Name:					
Business Address:						
Employee Position Information	tion For:					
Employee Name or Employee ID#:						
This position is: <b>a)</b> a New Posi	ition 🔲 an Existing Position					
<b>b)</b> 🗌 Full Time (a	at least 35 hrs per week) 🛛 🗌 Part <sup>-</sup>	Гime (# of Hours/W	eek: )			
Position Title:	Start Date:					
Job Category for this Position	n: Check One					
Official or Manager	Sales	Operative (	erative (Semi-skilled)			
Professional	Office or Clerical	Laborer (U	aborer (Unskilled)			
Technician	Craft Worker (Skilled)	Service Wo	Service Worker			
Signature of Company Representative Da			igned			
EMPLOYEE SECTION: To be	completed by the employee.					
Residence of City, State & Zip:						
Race/Ethnic Origin: Check or	ne in each section.					
Race (check <u>one</u> of the following 10 categories):			Ethnicity (check <u>one</u> ):			
American Indian or Alaska Native	American Indian or Alaskan Native AND White Hispan		Hispanic / Latino			
Asian	Asian AND White Not Hispanic /		Not Hispanic / Latino			
Black or African American	Black/African American AND Wh	nite				

Decline to state

**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.

American Indian/Alaskan Native AND

Black/African-American

Balance / Other

2023 CDBG Income Guidelines– Circle the appropriate box:						
Family Size	Group 1	Group 2	Group 3	Group 4		
1 Person	\$0 - \$26,500	\$26,501 - \$44,150	\$44,151 - \$70,650	\$70,651 +		
2 Person	\$0 - \$30,300	\$30,301 - \$50,450	\$50,451 - \$80,750	\$80,751 +		
3 Person	\$0 - \$34,100	\$34,101 - \$56,750	\$56,751 - \$90,850	\$90,851 +		
4 Person	\$0 - \$37,850	\$37,851 - \$63,050	\$63,051 - \$100,900	\$100,901 +		
5 Person	\$0 - \$40,900	\$40,901 - \$68,100	\$68,101 - \$109,000	\$109,001 +		
6 Person	\$0 - \$43,950	\$43,951 - \$73,150	\$73,151 - \$117,050	\$117,051 +		
7 Person	\$0 - \$46,950	\$46,951 - \$78,200	\$78,201 - \$125,150	\$125,151 +		
8 Person	\$0 - \$50,000	\$50,001 - \$83,250	\$83,251 - \$133,200	\$133,201 +		

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

Signature of Employee \_

Native Hawaiian or Other Pacific

Islander

White

(Signature required for this form to be valid.)

Date Signed \_\_\_\_\_

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

Contractor Name: \_\_\_\_\_

Consultant's Name:

Signature of the Consultant \_\_\_\_\_

Date Signed \_\_\_\_\_