

# ASSISTED ACTIVITY JOB CREATION CERTIFICATION FORM 2021

*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, 2021.*

**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 <b>AND</b> White
Asian	Asian <b>AND</b> White
Black or African American	Black/African American <b>AND</b> White
Native Hawaiian or Other Pacific Islander	American Indian/Alaskan Native <b>AND</b> 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.

2021 CDBG Income Guidelines– Circle the appropriate box:				
Family Size	Group 1	Group 2	Group 3	Group 4
1 Person	\$0 - \$24,850	\$24,851 - \$41,400	\$41,401 - \$66,250	\$66,251 +
2 Person	\$0 - \$28,400	\$28,401 - \$47,300	\$47,301 - \$75,700	\$75,701 +
3 Person	\$0 - \$31,950	\$31,951 - \$53,200	\$53,201 - \$85,150	\$85,151 +
4 Person	\$0 - \$35,450	\$35,451 - \$59,100	\$59,101 - \$94,600	\$94,601 +
5 Person	\$0 - \$38,300	\$38,301 - \$63,850	\$63,851 - \$102,200	\$102,201 +
6 Person	\$0 - \$41,150	\$41,151 - \$68,600	\$68,601 - \$109,750	\$109,751 +
7 Person	\$0 - \$44,000	\$44,001 - \$73,300	\$73,301 - \$117,350	\$117,351 +
8 Person	\$0 - \$46,800	\$46,801 - \$78,050	\$78,051 - \$124,000	\$124,001 +

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 \_\_\_\_\_