EMPLOYEE INCOME CERTIFICATIONJOB CREATION

(Name of Company)						(date)					
Dear En	nployee:		•						. /		
Comme Illinois (confide informa	rce and Eo Communi ntial perse tion is als <u>(name o</u>	e information requested conomic Opportunity to ty Development Assist connel file and is available subject to verification of local government)	hat your encance Programes ble to only h by	mploym ram. Tl a limite	ent he	ere is acormatic	chieving on will b f compa	the e pla ny of	goals of aced in y	the our This	
Departn	nent of Co	mmerce and Economic	e Opportur	11ty.							
For assistance, please see (company official)						Thank you.					
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	Circle the	he size of your family.	Count yo	urself a	nd all	family 4	membe 5	rs liv 6	ring at ho	ome. 8	
Cou	inty:		(insert	the appr	opriat	e Sec.	8 incom	ne lin	nits)		
		OUR FAMILY SIZE AS Please indicate your e	thnic grou		: 	·	otal Days		# Alaa	II:smania	
White		Ethnic Categor	<u>y</u>			1	otal Pers	0118	# AISU	Hispanic	
Black/A	African Ai	nerican									
Asian											
		Alaskan Native									
		Other Pacific Islander									
		Alaskan Native and W	/hite								
	and White	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
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Other I		Reporting more than	Olle Kace								
	B.	Sex:	1 (1	1 110	_	Ma	_		Female		
	C. D.	Are you a female head Are you a person with			_	Ye Ye	_		No No		
 Step 4:		 Complete.									
1	Name:	Social S				ty#: _		-			
	Signatur	ure: Date of Hire:									
	Signature: Date of Hire:										