



**City of Fort Scott Revolving Loan Fund
Employee Certification Form**

Name of Employer: _____

Name of Employee: _____ Date Employed: _____

Position Level: Skilled Semi-Skilled Unskilled

Demographic Information**

Sex: Male Female

Ethnicity:

Race: (check all that apply)

Hispanic

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander

Non-Hispanic

Disabled: yes no

Is employee head of household? yes no

Income Information

Total # in Family: _____ (including yourself)

Total annual gross FAMILY income: (check one)

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001+

Employee Signature: _____ Date: _____

For Employer Use:

Employee Employed: Prior to loan After loan

Employer Signature: _____ Date: _____

**Information is not required.