

ASSISTED ACTIVITY JOB CREATION CERTIFICATION FORM 2025

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, 2025.**

EMPLOYER SECTION: To be completed by the employer.

Employer/Owner's Name: _____ Business Name: _____

Business Address: _____

Employee Position Information For:

Employee Name or Employee ID#: _____

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	<input type="checkbox"/>	Sales	<input type="checkbox"/>	Operative (Semi-skilled)	<input type="checkbox"/>
Professional	<input type="checkbox"/>	Office or Clerical	<input type="checkbox"/>	Laborer (Unskilled)	<input type="checkbox"/>
Technician	<input type="checkbox"/>	Craft Worker (Skilled)	<input type="checkbox"/>	Service Worker	<input type="checkbox"/>

Signature of Company Representative _____ Date Signed _____

EMPLOYEE SECTION: To be completed by the employee.

Residence of City, State & Zip: _____

Race/Ethnic Origin: Check one in each section.

Race (check one of the following 10 categories):

American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaskan Native AND White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian AND White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Black/African American AND White	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native AND Black/African-American	<input type="checkbox"/>
White	<input type="checkbox"/>	Balance / Other	<input type="checkbox"/>

Ethnicity (check one):

Hispanic / Latino	<input type="checkbox"/>
Not Hispanic / Latino	<input type="checkbox"/>

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.

2025 CDBG Income Guidelines– Circle the appropriate box:

Family Size	Group 1	Group 2	Group 3	Group 4
1 Person	\$0 - \$31,850	\$31,851 - \$53,000	\$53,001 - \$84,850	\$84,851 +
2 Person	\$0 - \$36,400	\$36,401 - \$60,600	\$60,601 - \$96,950	\$96,951 +
3 Person	\$0 - \$40,950	\$40,951 - \$68,150	\$68,151 - \$109,050	\$109,051+
4 Person	\$0 - \$45,450	\$45,451 - \$75,750	\$75,751 - \$121,150	\$121,151 +
5 Person	\$0 - \$49,100	\$49,101 - \$81,800	\$81,801 - \$130,850	\$130,851 +
6 Person	\$0 - \$52,750	\$52,751 - \$87,850	\$87,851 - \$140,550	\$140,551 +
7 Person	\$0 - \$56,400	\$56,401 - \$93,900	\$93,901 - \$150,250	\$150,251+
8 Person	\$0 - \$60,000	\$60,001 - \$100,000	\$100,001 - \$159,950	\$159,501 +

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

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

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

Contractor Name: _____ Consultant's Name: _____

Signature of the Consultant _____ Date Signed _____