

Income and Business SELF-CERTIFICATION for Community Development Block Grant (CDBG) Program

Activity: Public Service Public Facility Microenterprise T/A or Support
 Business Assistance – New Employee Business Assistance – Retained Employee

Grantee Name: _____ Program Administrator: _____

Name of Service/Facility/Business: _____

Grant (Contract) Number: _____ - Or - Program Income Fiscal Year: _____

Part I: To be completed by Beneficiary/Employee

Beneficiary/Employee Name: _____

Home Address: _____

For each family member meeting the definition of family per 24 CFR 5.403, enter the name, date of birth, and their estimated gross annual income.

	<u>Family Member Name</u>	<u>Date of Birth</u>	<u>*Gross Annual Income</u>
Head	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____
6	_____	_____	\$ _____

Total Number of Family Members: _____ Total Family Income: \$ _____

Microenterprise: Total Number of Employees and all Owners: _____

*Gross annual income must include all sources of income (income from wages, assets, child support, SSI, unemployment, pension, etc.)

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

Beneficiary/Employee Signature: _____ Date: _____

Beneficiary/Employee Name (Print): _____

Part II: HUD Demographic and Performance Data

(This section to be completed by Beneficiary/Employee or Program Administrator; *cannot* be left blank)

Complete with Beneficiary/Employee

Beneficiary/Employee Race	Ethnicity	
	Not Hisp.	Hisp.
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/>	<input type="checkbox"/>
Am. Indian/Alaskan Nat. & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
Am. Indian/Alaskan & Black/African	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Is the Head of Family Female?		
Is Beneficiary/Employee Female?		
Is Beneficiary/Employee Disabled?		

Beneficiary/Employee Age Range	
0-18 years	<input type="checkbox"/>
19-24 years	<input type="checkbox"/>
25-44 years	<input type="checkbox"/>
45-64 years	<input type="checkbox"/>
Over 65 years	<input type="checkbox"/>

Complete with Employee and Business

	Yes	No
Job was created ? OR	<input type="checkbox"/>	<input type="checkbox"/>
Job was retained ?	<input type="checkbox"/>	<input type="checkbox"/>
Job is full-time? or	<input type="checkbox"/>	<input type="checkbox"/>
Job is part-time?	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours per week:		

Date of Hire: _____

Employee Annual Work Hours: _____

	Yes	No
Job has health benefits ?	<input type="checkbox"/>	<input type="checkbox"/>
New hire was previously unemployed ?	<input type="checkbox"/>	<input type="checkbox"/>

Indicate Position Type Filled/Retained

Manager	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Technician	<input type="checkbox"/>
Sales	<input type="checkbox"/>
Office / Clerical	<input type="checkbox"/>
Craft Worker (skilled)	<input type="checkbox"/>
Operative (semi-skilled)	<input type="checkbox"/>
Laborers (unskilled)	<input type="checkbox"/>
Service Workers	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Beneficiary/Employee Name: _____

Part III(a): INCOME ELIGIBILITY CERTIFICATION
(to be completed by Program Administrator)

County: _____

*Current HCD Income Limits for this family size: \$ _____

*Effective Date of the Income Limit Chart being used: _____

Family is: 80% or less (Low Income) 50% or less (Very Low Income)
 30% or less (Extremely Low Income)

Family is: Over 80% of median income. NOT ELIGIBLE and NOT ASSISTED.

***Program Administrator must document income eligibility determination by:**

- 1) Printing the current HCD Income limits from the HCD website (NOT HUD's) and,
- 2) Circling the applicable family size and annual income on HCD limit printout, and
- 3) Including the copy of the circled printout in the program's applicant file.

Part III(b) MICRO DEFINITION CERTIFICATION (completed only for Micro Programs)

Number of Employees & Owner(s) are: Five or less (per application information)

Business has: Over five employees & Owners. NOT ELIGIBLE and NOT ASSISTED.

Business

Address: _____

Program Administration Certification: *By checking a box above, I certify that the stated income for the above beneficiary/employee has been checked against the current HCD Income limits, the eligibility/non-eligibility has been established as of the date noted below, and the location of the beneficiary meets the requirements of 24 CFR 570.486(b) and/or (c) as applicable.*

Note: The completed certification and application, whether assisted or not, must be maintained in the applicant file for review at time of monitoring.

Program Administrator

Job Title

Signature: _____

Date: _____