



# Income Certification for Microenterprise Owner(s)

Each Microenterprise Program applicant that will be qualified under the LMC national objective must complete the Income Certification Form.

<b>Applicant Name:</b>		<b>Business Name:</b>	
<b>Application ID#:</b>		<b>Business Address:</b>	

## SECTION 1: ALL FAMILY MEMBERS

1A: Family Members with Earned & Unearned Income <i>Included in Adjusted Gross Income (AGI)</i>	Relation to Applicant	Date of Birth	Supporting Income Documentation Provided*
a			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
b			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
c			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
d			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
e			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:

\*For **each** family member providing **Other** Supporting Income Document(s), an **Adjusted Gross Income Worksheet** must be submitted along with **any applicable** income and expense documents listed in the Income Information section of the **Application Document Checklist**.

1B: Family Members with <b>NO</b> Income <i>NOT included in the family Adjusted Gross Income (AGI)</i>	Relation to Applicant	Date of Birth	Supporting Income Documentation Provided**
1			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
2			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
3			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
4			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
5			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income

\*\*Family members that are **Minors** (under age 18) or are claimed as a qualified **Dependent** on a Tax Return require **NO** further documentation. All other family members claiming zero income must submit a **Certification of Zero Income**.

<b>Total Family Members:</b>	
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## SECTION 2: ANNUAL ADJUSTED GROSS INCOME (AGI)

	Family Members with Earned & Unearned Income						Total <i>(Sum a-f)</i>
	a	b	c	d	e	f	
<b>Family AGI***</b>	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00

If an **Adjusted Gross Income Worksheet** is completed, AGI is from **row 31** on the **Adjusted Gross Income Worksheet**.

## SECTION 3: CERTIFICATION SIGNATURE(S)

**Warning:** Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

**APPLICANT:** I/We certify that the information presented on this form is true and complete to the best of my/our knowledge and belief. I/We agree to provide income source verification to The State of California Department of Housing and Community Development upon request. I/We understand that this certification is part of the application process and does not guarantee eligibility for the CA HCD CDBG Program.

<i>Signature - Applicant</i>	<i>Signature - Co-Applicant</i>	<i>Date</i>
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**SUBRECIPIENT:** I have reviewed, verified, and confirmed the information presented on this form in accordance with the requirements of the CA HCD CDBG Program. I hereby certify that the information presented herein is complete and accurate to the best of my knowledge.

<i>Signature – Program Representative</i>	<i>Date</i>
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The following demographic information is for the Microenterprise Program applicant only. This information is utilized by HCD on an aggregate basis for reporting to the U.S. Department of Housing and Urban Development (HUD).

HCD understands that the choices listed in the box below do not include all the ways in which people self-identify, and that many people identify with more than one of the categories listed.

The applicant should check the box that **most closely** represents their racial identity.

Microenterprise Owner Demographic Information	
Check One Box Below	Racial Category
<input type="checkbox"/>	White
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	American Indian/Alaskan Native and White
<input type="checkbox"/>	Asian and White
<input type="checkbox"/>	Black/African American and White
<input type="checkbox"/>	American Indian/Alaska Native and Black/African American
<input type="checkbox"/>	Other multi-racial
<input type="checkbox"/>	Prefer not to answer

Do you identify as Hispanic?  Yes  No

