COVID-19 Business Emergency Microenterprise Business Owner Income Eligibility Determination

A Microenterprise must be:

- owned by a low or moderate income person (80% Median Income or less) <u>and</u> -employ five or fewer employees.

Name:		Business Name:			 					
Household Size:					iber of	Perso	ns Res	iding	Your I	House
Count all persons liv	ing at your hor	ne, regardless of relat	tionshi	p.						
Gross Annual Ho	usehold Inco	me: \$_								
		all sources of income ot include the income					-	•	nt, pen	sion,
		FY 2020 Income	Limit	s Sun	nmary	,				
Selecting any of the parameters.	buttons labeled	"Explanation" will displ	ay detai	led calc	ulation	steps fo	r each o	f the va	rious	
parameters.	Median Family		ay detai	led calc	ulation	steps for			rious	
		"Explanation" will displ FY 2020 Income Limit Category	ay detai	led calc	ulation 3	-			rious 7	8
parameters. FY 2020 Income	Median Family	FY 2020 Income Limit	1	2	3	Persons i	n Family 5	6	7	
parameters. FY 2020 Income	Median Family	FY 2020 Income Limit Category Very Low (50%) Income Limits (\$)	1 29,900	2 34,200	3 38,450	Persons i	n Family 5 46,150	6 49,550	7 52,950	56,400

Name	Age (Years)	Head of Household	Co-Head of Household	Disabled þ	Full Time Student Over the Age of 18

ASSET INFORMATION:

You are required to report information about assets. Assets include such things as other real estate properties owned by member of the household, checking and savings accounts, investment accounts, vintage automobiles, money earned from the sale of items or investment accounts or assets disposed for less than the market value within the past two years, and items purchased for investment value like stamps, coins, firearms, paintings, collectibles or antiques.

Name	Type of Asset (Savings, Investment, Property, Personal Property, etc)	Asset Value

INCOME INFORMATION (please attached additional pages as needed):

Income includes all money flowing into the household from all persons over 18 years old, plus benefits received on behalf of minor children. Such things as wages, self-employment wages, Temporary Assistance for Needy Families (TANF), alimony, Social Security Benefits, Pensions, Child Support, regular gifts from friends or family, money earned from providing services, property rental income, and interest from bank accounts or investments must be disclosed.

All income and assets will require verification from the providing sources before eligibility will be granted. To help expedite the application review process <u>please provide three months of documentation for each income/asset source listed</u>. For example: three months of paycheck stubs, three months of bank statements for each account listed, social security payment documentation, child support court order, etc. One year of federal tax returns must also be submitted.

Name	Monthly Income Amount Received	Income Source (Wages, Rental Income, Alimony, Child Support, SS, SSI)	Proof of Income Attached (3 months)

information contained on thi complete and the undersigne proposed project which may	esents and certifies to the best of his/her knowledge and belief that statement and any exhibits or attachments hereto are true and agrees to promptly inform the Chamber of any changes in the occur. All information provided is subject to verification by the Chamber of Commerce, and HUD.	
Signature:	Date:	
Print name:		