

Microenterprise Program SELF-CERTIFICATION of Income for

City of / Town of / County of _____ CDBG Funded Activity

Program Activity: Technical Assistance Support Services

Page 1 to be filled out by Participant

Part I: Confidential Participant / Beneficiary HUD Demographic Data

(This section is voluntary.)

Ethnicity (Select One)		<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (Select One)			
<input type="checkbox"/> White	<input type="checkbox"/> Am. Indian/Alaskan Nat. & White		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White		
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Am. Indian/Alaskan & Black/African		
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/> Other Multi-Racial		
Other Demographic Data (Select each that Applies)			
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Single / Non Elderly		
<input type="checkbox"/> Participant Disable	<input type="checkbox"/> Related/Single Parent		
<input type="checkbox"/> Veteran	<input type="checkbox"/> Related/Two Parent		
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other (_____)		

Part II: Confidential Participant / Beneficiary Income Certification

(Must be completed and signed before microenterprise services are provided.)

1) Number of Employees & Owners:

The total number of employee(s) is: _____. The total number of Owner(s) is: _____. Combined Employee(s) and Owner(s) = _____.

2) Number of Family Members & Gross Income:

My total family size consists of _____ members, and the total gross annual income* for all adult members is \$ _____.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

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, which 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 by state and federal personnel as part of compliance monitoring.

Participant / Beneficiary Signature: _____ Date: _____

Participant / Beneficiary Name (print): _____

Participant Physical Home Address: _____, City _____

Microenterprise Program SELF-CERTIFICATION Verification by

City of / Town of / County of _____ CDBG Funded Activity

Page 2 to be filled out by Program Operator

Microenterprise Program Information:

Name of Microenterprise Program Operator: _____

Source of CDBG funding: Grant #: _____ - Or - PI Waiver Fiscal Year: _____

Microenterprise Business Size (# of Employees & Owners) Verification:

- Business has: No employees, as the Participant does not have an operating business
 Five or fewer employee positions with owners
 More than five employee positions with owners **NOT ELIGIBLE for CDBG ASSISTANCE**

Microenterprise Participant/Beneficiary Income and Location Verification:

Effective Date of the Income Limit Chart being used: _____

- Family is: 30% or less (Extremely Low Income)
 31%-50% (Low Income)
 51%- 80% (Moderate Income)
 Over 80% of median income: **NOT ELIGIBLE for CDBG ASSISTANCE**

Program Operator must:

- 1) Print the current HCD Income limits from the HCD website (NOT HUD's); and
- 2) Circle the applicable family size and annual income on HCD limit printout and place in participant file.
- 3) Must complete confidential demographic data, if participant/beneficiary leaves blank.

Participant / Beneficiary Name: _____

Participant / Beneficiary Physical Home Address: _____ In Jurisdiction Limits

Business Physical Address: _____ In Jurisdiction Limits

NOTE: Physical location of business must be in Jurisdiction. If no business, then Participants / Beneficiary must live in Jurisdiction.

Program Operator Certification: *I certify that Participant / Beneficiary demographic data provided is true and correct, to the best of my knowledge. I certify that, using the current HCD annual income publication compared to stated family size and gross income, resulted in the income level indicated above. I certify that the information regarding microenterprise business size is correctly indicated above. I certify that the residency of the Participant / Beneficiary and business address is true and correct per the requirements of 24 CFR 570.486(b) and/or (c) as applicable.*

Note: This completed certification whether Participant / Beneficiary receives microenterprise TA or Support Services or not, must be maintained in the Confidential Program file for review at time of monitoring.

Program Operator Name (printed)

Job Title

Signature:

Date:

Eligibility is valid until (three years after certification signed) Date: _____

State CDBG's and HOME's Table of 2016 Income Limits
Effective June 6, 2016

County	INCOME * CATEGORY	NUMBER OF PERSONS IN HOUSEHOLD							
		1	2	3	4	5	6	7	8
Alameda County	"30%" Limit	20,500	23,400	26,350	29,250	31,600	33,950	36,300	38,650
	"50%" Limit	34,150	39,000	43,900	48,750	52,650	56,550	60,450	64,350
	"60%" Limit	40,980	46,800	52,680	58,500	63,180	67,860	72,540	77,220
	"80%" Limit	52,650	60,150	67,650	75,150	81,200	87,200	93,200	99,200
Alpine County	"30%" Limit	17,300	19,750	22,200	24,650	26,650	28,600	30,600	32,550
	"50%" Limit	28,750	32,850	36,950	41,050	44,350	47,650	50,950	54,200
	"60%" Limit	34,500	39,420	44,340	49,260	53,220	57,180	61,140	65,040
	"80%" Limit	46,000	52,600	59,150	65,700	71,000	76,250	81,500	86,750
Amador County	"30%" Limit	14,800	16,900	19,000	21,100	22,800	24,500	26,200	27,900
	"50%" Limit	24,650	28,200	31,700	35,200	38,050	40,850	43,650	46,500
	"60%" Limit	29,580	33,840	38,040	42,240	45,660	49,020	52,380	55,800
	"80%" Limit	39,450	45,050	50,700	56,300	60,850	65,350	69,850	74,350
Butte County	"30%" Limit	12,400	14,150	15,900	17,650	19,100	20,500	21,900	23,300
	"50%" Limit	20,650	23,600	26,550	29,450	31,850	34,200	36,550	38,900
	"60%" Limit	24,780	28,320	31,860	35,340	38,220	41,040	43,860	46,680
	"80%" Limit	33,000	37,700	42,400	47,100	50,900	54,650	58,450	62,200
Calaveras County	"30%" Limit	14,750	16,850	18,950	21,050	22,750	24,450	26,150	27,800
	"50%" Limit	24,600	28,100	31,600	35,100	37,950	40,750	43,550	46,350
	"60%" Limit	29,520	33,720	37,920	42,120	45,540	48,900	52,260	55,620
	"80%" Limit	39,350	44,950	50,550	56,150	60,650	65,150	69,650	74,150
Colusa County	"30%" Limit	12,400	14,150	15,900	17,650	19,100	20,500	21,900	23,300
	"50%" Limit	20,650	23,600	26,550	29,450	31,850	34,200	36,550	38,900
	"60%" Limit	24,780	28,320	31,860	35,340	38,220	41,040	43,860	46,680
	"80%" Limit	33,000	37,700	42,400	47,100	50,900	54,650	58,450	62,200
Contra Costa County	"30%" Limit	20,500	23,400	26,350	29,250	31,600	33,950	36,300	38,650
	"50%" Limit	34,150	39,000	43,900	48,750	52,650	56,550	60,450	64,350
	"60%" Limit	40,980	46,800	52,680	58,500	63,180	67,860	72,540	77,220
	"80%" Limit	52,650	60,150	67,650	75,150	81,200	87,200	93,200	99,200
Del Norte County	"30%" Limit	12,400	14,150	15,900	17,650	19,100	20,500	21,900	23,300
	"50%" Limit	20,650	23,600	26,550	29,450	31,850	34,200	36,550	38,900
	"60%" Limit	24,780	28,320	31,860	35,340	38,220	41,040	43,860	46,680
	"80%" Limit	33,000	37,700	42,400	47,100	50,900	54,650	58,450	62,200
El Dorado County	"30%" Limit	14,600	16,650	18,750	20,800	22,500	24,150	25,800	27,500
	"50%" Limit	24,300	27,800	31,250	34,700	37,500	40,300	43,050	45,850
	"60%" Limit	29,160	33,360	37,500	41,640	45,000	48,360	51,660	55,020
	"80%" Limit	38,850	44,400	49,950	55,500	59,950	64,400	68,850	73,300
Fresno County	"30%" Limit	12,400	14,150	15,900	17,650	19,100	20,500	21,900	23,300
	"50%" Limit	20,650	23,600	26,550	29,450	31,850	34,200	36,550	38,900
	"60%" Limit	24,780	28,320	31,860	35,340	38,220	41,040	43,860	46,680
	"80%" Limit	33,000	37,700	42,400	47,100	50,900	54,650	58,450	62,200
Glenn County	"30%" Limit	12,400	14,150	15,900	17,650	19,100	20,500	21,900	23,300
	"50%" Limit	20,650	23,600	26,550	29,450	31,850	34,200	36,550	38,900
	"60%" Limit	24,780	28,320	31,860	35,340	38,220	41,040	43,860	46,680
	"80%" Limit	33,000	37,700	42,400	47,100	50,900	54,650	58,450	62,200

* Percentages may not be mathematically related to each other. Percents are used as names for the categories because programs' actual names for limits differ.