

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)	
White	<input type="checkbox"/>	
Black/African American	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	
American Indian/Alaskan Native	<input type="checkbox"/>	
Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/>	
Am. Indian/Alaskan Nat. & White	<input type="checkbox"/>	
Asian & White	<input type="checkbox"/>	
Black/African American & White	<input type="checkbox"/>	
Am. Indian/Alaskan & Black/African	<input type="checkbox"/>	
Other Multi-Racial	<input type="checkbox"/>	

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 2015 Income Limits
Effective June 1, 2015

County	INCOME * CATEGORY	NUMBER OF PERSONS IN HOUSEHOLD							
		1	2	3	4	5	6	7	8
Alameda County	"30%" Limit	19,500	22,300	25,100	27,850	30,100	32,350	34,550	36,800
	"50%" Limit	32,550	37,200	41,850	46,450	50,200	53,900	57,600	61,350
	"60%" Limit	39,060	44,640	50,220	55,740	60,240	64,680	69,120	73,620
	"80%" Limit	50,150	57,300	64,450	71,600	77,350	83,100	88,800	94,550
Alpine County	"30%" Limit	18,150	20,750	23,350	25,900	28,000	30,050	32,150	34,200
	"50%" Limit	30,250	34,600	38,900	43,200	46,700	50,150	53,600	57,050
	"60%" Limit	36,300	41,520	46,680	51,840	56,040	60,180	64,320	68,460
	"80%" Limit	46,100	52,650	59,250	65,800	71,100	76,350	81,600	86,900
Amador County	"30%" Limit	14,450	16,500	18,550	20,600	22,250	23,900	25,550	27,200
	"50%" Limit	24,050	27,500	30,950	34,350	37,100	39,850	42,600	45,350
	"60%" Limit	28,860	33,000	37,140	41,220	44,520	47,820	51,120	54,420
	"80%" Limit	38,500	44,000	49,500	55,000	59,400	63,800	68,200	72,600
Butte County	"30%" Limit	11,950	13,650	15,350	17,050	18,450	19,800	21,150	22,550
	"50%" Limit	19,950	22,800	25,650	28,450	30,750	33,050	35,300	37,600
	"60%" Limit	23,940	27,360	30,780	34,140	36,900	39,660	42,360	45,120
	"80%" Limit	31,850	36,400	40,950	45,500	49,150	52,800	56,450	60,100
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	12,350	14,100	15,850	17,600	19,050	20,450	21,850	23,250
	"50%" Limit	20,550	23,500	26,450	29,350	31,700	34,050	36,400	38,750
	"60%" Limit	24,660	28,200	31,740	35,220	38,040	40,860	43,680	46,500
	"80%" Limit	32,900	37,600	42,300	46,950	50,750	54,500	58,250	62,000
Contra Costa County	"30%" Limit	19,500	22,300	25,100	27,850	30,100	32,350	34,550	36,800
	"50%" Limit	32,550	37,200	41,850	46,450	50,200	53,900	57,600	61,350
	"60%" Limit	39,060	44,640	50,220	55,740	60,240	64,680	69,120	73,620
	"80%" Limit	50,150	57,300	64,450	71,600	77,350	83,100	88,800	94,550
Del Norte County	"30%" Limit	11,950	13,650	15,350	17,050	18,450	19,800	21,150	22,550
	"50%" Limit	19,950	22,800	25,650	28,450	30,750	33,050	35,300	37,600
	"60%" Limit	23,940	27,360	30,780	34,140	36,900	39,660	42,360	45,120
	"80%" Limit	31,850	36,400	40,950	45,500	49,150	52,800	56,450	60,100
El Dorado County	"30%" Limit	15,050	17,200	19,350	21,450	23,200	24,900	26,600	28,350
	"50%" Limit	25,050	28,600	32,200	35,750	38,650	41,500	44,350	47,200
	"60%" Limit	30,060	34,320	38,640	42,900	46,380	49,800	53,220	56,640
	"80%" Limit	40,050	45,800	51,500	57,200	61,800	66,400	70,950	75,550
Fresno County	"30%" Limit	11,950	13,650	15,350	17,050	18,450	19,800	21,150	22,550
	"50%" Limit	19,950	22,800	25,650	28,450	30,750	33,050	35,300	37,600
	"60%" Limit	23,940	27,360	30,780	34,140	36,900	39,660	42,360	45,120
	"80%" Limit	31,850	36,400	40,950	45,500	49,150	52,800	56,450	60,100
Glenn County	"30%" Limit	11,950	13,650	15,350	17,050	18,450	19,800	21,150	22,550
	"50%" Limit	19,950	22,800	25,650	28,450	30,750	33,050	35,300	37,600
	"60%" Limit	23,940	27,360	30,780	34,140	36,900	39,660	42,360	45,120
	"80%" Limit	31,850	36,400	40,950	45,500	49,150	52,800	56,450	60,100

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