

CDBG MICRO-ENTERPRISE ASSISTANCE APPLICATION

Information regarding your family income is required for this NCSBDC program funded by a State Community Development Block Grant intended for micro-business and economic development in your City or County. The information provided is confidential, and must be provided to determine your qualification for this program.

Please Complete Both Sides of the Form. Incomplete Forms will not be Accepted.

Client Name: _____

Date: _____

Number of Family* Members: _____

Total Family* Yearly Income: _____

*Number of family members is any and all relatives of client, by blood or marriage, who live in the same household w/client. Family income is total earned income of client and their family members.

Section 1

First find the ROW that corresponds to the number of people in your family. Then, check the box next to the amount that your total annual income does not exceed. Please check only ONE box.

Family Size	Your Annual Income is Less Than or Equal To:									
1	<input type="checkbox"/>	<input type="checkbox"/>	\$11,850.00	<input type="checkbox"/>	<input type="checkbox"/>	\$19,750.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$31,550.00
2	<input type="checkbox"/>	<input type="checkbox"/>	\$13,550.00	<input type="checkbox"/>	<input type="checkbox"/>	\$22,550.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$36,050.00
3	<input type="checkbox"/>	<input type="checkbox"/>	\$15,250.00	<input type="checkbox"/>	<input type="checkbox"/>	\$25,350.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$40,550.00
4	<input type="checkbox"/>	<input type="checkbox"/>	\$16,900.00	<input type="checkbox"/>	<input type="checkbox"/>	\$28,150.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$45,050.00
5	<input type="checkbox"/>	<input type="checkbox"/>	\$18,300.00	<input type="checkbox"/>	<input type="checkbox"/>	\$30,450.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$48,700.00
6	<input type="checkbox"/>	<input type="checkbox"/>	\$19,650.00	<input type="checkbox"/>	<input type="checkbox"/>	\$32,700.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$52,300.00
7	<input type="checkbox"/>	<input type="checkbox"/>	\$21,000.00	<input type="checkbox"/>	<input type="checkbox"/>	\$34,950.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$55,900.00
8	<input type="checkbox"/>	<input type="checkbox"/>	\$22,350.00	<input type="checkbox"/>	<input type="checkbox"/>	\$37,200.00	<input type="checkbox"/>	<input type="checkbox"/>	More than	\$59,500.00

Section 2

1. Did you file a 1040 Series Tax Return for 2009?

YES NO

If yes, please provide NCSBDC with a signed copy of your tax return and complete a 4506 T form.

2. Do you have a "Passport to Services" or currently receive financial assistance from a public assistance agency?

YES NO

If yes, please provide NCSBDC with a copy of your "Passport to Services" or a signed statement from your caseworker verifying that you receive financial assistance

If you answered Yes to either question you do NOT need to fill out section 3

Section 3

Source(s) of Family Income: PLEASE ANSWER ALL QUESTIONS 1-9.

Please note that all sources of income must have documentation. If you, for some reason, cannot furnish the requested form of documentation, please provide your three most recent bank statements reflecting deposit activity from whichever form(s) of income you receive. In the event that you cannot provide bank statements, please sign a release form for NCSBDC to obtain third-party documentation of your income.

1. Do you or anyone in your family receive income from salary or wages

YES NO

Name	Monthly Salary / Hourly Wage	Documentation Required
		Most Current 3 Pay Stubs for Each Income Earner

2. Do you or anyone in your family receive Unemployment benefits?

YES NO

Name	Monthly Amount	Documentation Required
		Most Current Statement from Unemployment Agency for Each Recipient.

3. Do you or anyone in your family collect Disability/ Vocational Rehab?

YES NO

Name	Monthly Amount	Documentation Required
		Most Current Statement from Disability/ Vocational Rehab Agency for Each Recipient.

Section 3 continued

4. Do you or anyone in your family receive Veteran's Benefits? YES NO

Name	Monthly Amount	Documentation Required
		Most Current Statement from Veteran's Benefits agency for Each Recipient.

5. Do you or anyone in your family collect retirement/pension? YES NO

Name	Monthly Amount	Documentation Required
		Most Current Statement from Retirement/Pension fund for Each Recipient.

6. Do you or anyone in your family collect SSI or SSA? YES NO

Name	Monthly Amount	Documentation Required
		Most Current Statement from the Social Security Agency for Each Recipient.

7. Do you or anyone in your family collect Alimony/Child or Adult Support? YES NO

Name	Monthly Amount	Documentation Required
		Court Documentation

8. Do you or anyone in your family possess income-producing assets or assets on deposit in a bank/trust/market account? YES NO

Name	Monthly Amount	Documentation Required
		Current Documentation of Activity for Each Asset Reported for Each Person in your Family.

9. Do you or anyone in your family collect Financial Aid for school? YES NO

Name	Financial Aid Award Amount	Documentation Required
		Financial Aid Award Letter

Section 4 Affidavit of Validity:

I certify that all income information entered here is correct and that the income documents I have provided, IRS 1040 Form, payroll stubs, or any other items, are legitimate. Further I understand that the information I have provided is **subject to verification prior to assistance** by representatives of the North Coast Small Business Development Center and may be reviewed by the State of California Department of Housing and Community Development when they audit the provider of this program, the NCSBDC. By signing this affidavit, I further recognize that providing any fraudulent information will result in the termination of services subsidized by CDBG Microenterprise programs and that I may be liable to repay the State of California for any services received under false pretense **My signature below acknowledges and authorizes this verification.**

Signature: _____

Date: _____

Printed Name: _____

Phone Number: _____

Mailing Address: _____

E-mail: _____

For Office Use Only	
Is Client Eligible?	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____
Certified by: _____	Date: _____