Microenterprise Program SELF-CERTIFICATION of Income *for*

☐ City of / ☐Town of / ☑ County of Humboldt **CDBG Funded Activity**

Program Activity: ☑ **Technical Assistance** ☐ **Support Services**

Page 1 to be filled out by Participant FILL OUT PAGE 1 ONLY AND RETURN TO ADMIN@NORTHCOASTSBDC.ORG

Part I: Confidential Participant / Beneficiary HUD Demographic Data

(This section is voluntary.***)***

Ethnicity (Select One)	☐ **Not Hispanic**	☐ **Hispanic**

Race (Select One)	
☐ White	☐ Am. Indian/Alaskan Nat. & White
☐ Black/African American	☐ Asian & White
☐ Asian	☐ Black/African American & White
☐ American Indian/Alaskan Native	☐ Am. Indian/Alaskan & Black/African
☐ Nat. Hawaiian/Other Pacific Isl.	☐ Other Multi-Racial

Other Demographic Data (Select each that Applies)	
☐ Female Head of Household	☐ Single / Non Elderly
☐ Participant Disable	☐ Related/Single Parent
☐ Veteran	☐ Related/Two Parent
☐ Elderly	☐ 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**_____

Email Address:_____ Tel #: ( )_____