



Microenterprise Assistance Program (MAP) – Community Development Block Grant (CDBG) Self-Certification Form

BUSINESS NAME: _____

Personal information requested below is confidential and will remain internal. This information is collected directly from you with your permission as required by our funding source. Accordingly, this information is required as it allows us to provide services free of charge and better understand the needs of our clients

Part I: Required Confidential Client / Beneficiary HUD Demographic Data

BUSINESS OWNER NAME:						
OWNER PHYSICAL ADDRESS:				CITY:		
TELEPHONE: () -				STATE:		ZIP:
				EMAIL:		
OWNER ETHNIC BACKGROUND (REQUIRED TO CHECK ONE):	<input type="checkbox"/> HISPANIC/LATINO	<input type="checkbox"/> NOT HISPANIC/LATINO	GENDER IDENTITY (OPTIONAL)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	IS OWNER HEAD OF HOUSEHOLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Race/National Origin (REQUIRED TO CHECK ONE):

- | | |
|---|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Amer. Ind./Alaskan Nat. & Black/African Amer.
<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic & White
<input type="checkbox"/> Hispanic & Black/African American
<input type="checkbox"/> Hispanic & Asian
<input type="checkbox"/> Hispanic & American Indian/Alaskan Native
<input type="checkbox"/> Hispanic & Native Haw./other Pacific Islander
<input type="checkbox"/> Hispanic & Amer. Indian/Alas. Native & White
<input type="checkbox"/> Hispanic & Asian & White
<input type="checkbox"/> Hispanic & Black/African American & White
<input type="checkbox"/> Hispanic & Amer. Ind./Alas. Nat. & Blk./Afri. Amer
<input type="checkbox"/> Hispanic & Other Multi-Racial
<input type="checkbox"/> Hispanic & Asian/Pacific Islander
<input type="checkbox"/> Decline to State |
|---|--|

Part II: Confidential Owner / Beneficiary Income Certification. Must be completed and signed prior to services.

1) Number of Employees and Owners:

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

2) Number of Family Members and Gross Income:

My total family size consists of _____ members, and the total gross 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 complete and accurate to the best my knowledge. I certify that I am at least 18 years of age or older. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that this information on this form is subject to review by City staff and federal personnel as part of compliance monitoring.

Owner / Beneficiary Signature: _____ Date: _____