



City of Gardner
Community Development Block Grant Program
Microenterprise Business Covid-19 Relief Assistance
Microenterprise & LMI Certification Form



Please Print this form and complete and return the original initialed and signed copy by mail to:

City of Gardner
 Microenterprise Assistance Program
 Department of Community Development & Planning
 115 Pleasant Street, Room 202
 Gardner, MA 01440

Owner Name*: _____ Owner Home Address: _____

Owner Email: _____ Best Daytime Phone#: _____

You are requesting assistance through the City of Gardner to stabilize your microenterprise business from the adverse impacts experienced by the COVID-19 crisis. Assistance is being provided to eligible **Microenterprise Businesses**. This form is a certification that your business meets the definition of a microenterprise business.

To qualify as a microenterprise business, your business must have five or fewer employees at the time of application, AND, your business must serve the Community-wide Area of Gardner, a 54% LMI area.

If you do not believe your business qualifies as a microenterprise business, please contact Gardner's Economic Development Coordinator – you may not be eligible for this program but we encourage you to complete the Gardner Covid-19 Business Impact Survey and discuss your business situation with us so that we may document the needs of all businesses and assist you with identifying any other potential resources.

Please be assured that all financial information will remain confidential and will be used only to meet the verification and record keeping requirements of the Massachusetts Department of Housing and Community Development, which is providing the CDBG funds for this grant program.

As soon as you have completed the information listed below, return this form, along with all other application materials and supporting documents and certifications required as part of the application process, to the City of Gardner, Microenterprise Assistance Program, Department of Community Development and Planning, 115 Pleasant Street, Gardner, MA 01440.

Business Name (print please):		
Business Address:		
Business Telephone		
Owner's Title or Position:		full-time OR part-time

***If your business has more than one owner please fill out a separate form for each individual owner.**

I. Microenterprise Certification of Number of Employees:

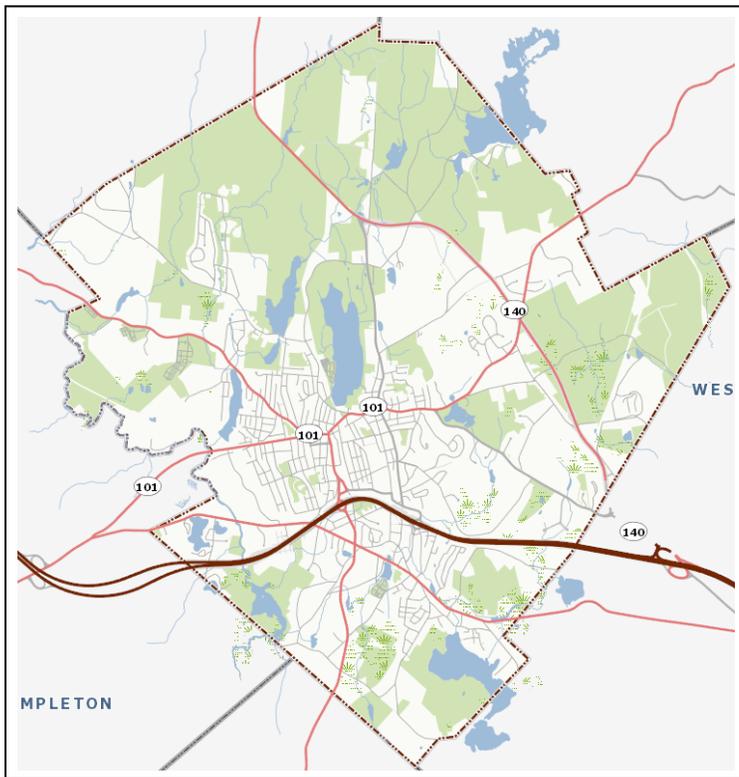
I certify that my business employs 5 or fewer employees, including the owner(s) at the time of this application. Sign your initials in the box if true.

Please list the positions CURRENTLY employed by your business including all business owner(s) and part- and full-time employees at the time of this application:

Position	First Name Only	Part Time or Full Time?	Owner? Y/N
1			
2			
3			
4			
5			

II. Low- to Moderate- Income (LMI) Area-wide Service Certification:

I certify that my business serves the entire City of Gardner, a Low- to Moderate- Income Community-wide Area. Sign your initials in the box if true. See Map of Gardner below.



City of Gardner Map – 54% Area-wide LMI

III. Low- to Moderate- Income (LMI) Business Owner Certification (Optional*):

Are you a low- or moderate-income business owner? (Low- to Moderate-Income is defined as a family household income of less than 80% of the Area Median Income (AMI), based on the number of household family members.) **To find your answer refer to the calculation method and data below.**

I certify that I am a Low- to Moderate- Income Business Owner (Optional). Sign your initials in the box if true. Refer to calculation method and chart below and see the attached Family Household Income Form.

To calculate your income status, take total sum of the gross income of all household family members for each of the last 8 weeks prior to the date of this application. Then, divide that amount by 8 to get a weekly average income; then, multiply by 52 to get an annual estimated family household income.

Please **select** the number of people in your household, including yourself:

<u>Household Size:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
<u>Household Income:</u>	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

Is your total estimated family household income, as calculated above and on the attached Family Household Income Form, higher or lower than the amount below your household size? **Select: HIGHER OR LOWER**

If your estimated annual income, as calculated, is LOWER than the number listed below your family household size, you may sign your initials in the Low- to Moderate- Income Certification box above.

*Individual income status is not an eligibility requirement for this grant. Applicants may choose to optionally provide this information. Income-qualified applicants may receive prioritization in the processing of applications should funds become limited.

If you are certifying that your family household income is LOWER than the corresponding income limit of your family household size you will be required to calculate your Family Household Income and provide income documentation verification, including a copy of your latest personal tax return.

For all applicants certifying to meet the LMI income threshold above YOU MUST ALSO complete and submit the *Gardner Microenterprise Assistance Household Income Form*. See Attached form below.

I, _____ certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by State and Federal government representatives.

Signature of Owner (Applicant)

Date

Signature of Witness

Date

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– Insert Household Income Form Below –



Gardner Microenterprise Assistance Program

Family Household Income Form



Applicant Name/Business Name: _____

Total number of family in household: _____

SOURCES OF INCOME: For each household family member in the Owner's Unit, list the gross (before taxes) each received from all sources for the 8 weeks prior to the date of application. Included is wages, rental income, unemployment income, workman's compensation, social security, annuities, interest and dividends, pensions, TAFDC, child support, alimony, etc. **Refer to the back side of this document for an example.**

NAME	SOURCE	GROSS AMOUNT 8 weeks prior to date of application
Eight weeks total gross income (total of above)		
Weekly average income (divide above total by 8)		
ESTIMATED ANNUAL GROSS INCOME (multiply weekly average by 52)		

I understand that any funding award is contingent upon documentation of the above income.

Example of annual income calculation

NAME	SOURCE	GROSS AMOUNT 8 weeks prior to date of application
<i>John Doe (business owner)</i>	<i>Income from store</i>	<i>1,000.00</i>
<i>Jane Doe (spouse/partner)</i>	<i>wages from job</i>	<i>8,000.00</i>
<i>Julie Doe (FT college student)</i>	<i>wages helping @ store (FT student – does not count)</i>	<i>0.00</i>
<i>Jim Doe (17 yr old HS student)</i>	<i>N/A</i>	
Eight weeks total gross income (total of above)		<i>9,000.00</i>
Weekly average income (divide above total by 8)		<i>1,125.00</i>
ESTIMATED ANNUAL GROSS INCOME (multiply weekly average by 52)		<i>58,500.00</i>

Household of 4 earning \$68,300 or less is eligible. This household would be eligible.