

SOUTHERN BERKSHIRE REGIONAL MICROENTERPRISE ASSISTANCE PROGRAM

MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Berkshire Regional Planning Commission
1 Fenn Street, Suite 201
Pittsfield, MA 01201
Telephone: 413-442-1521 x17

APPLICATION FOR CDBG-CV GRANT FUNDS - MICROENTERPRISES

This **Income Certification Form** applies to for-profit businesses located in the towns of: Alford, Becket, Egremont, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlborough, Otis, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington and West Stockbridge.

I. BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Applicant Name: _____

Personal Address: _____

II. REQUIRED BUSINESS DOCUMENTATION

All applicants must provide the following documentation. Please return copies of these documents with this form to Berkshire Regional Planning Commission at the address provided.

Copy of current MA Business License	<ul style="list-style-type: none">• License issued by the State of Massachusetts Department of• Any/all licenses required for operation of business. (i.e. contractor's license)
2 Months of Business Bank Statements	<ul style="list-style-type: none">• Complete copy of 2 most recent months of bank statements (checking and savings)
2019 Tax Return	<ul style="list-style-type: none">• 2019 IRS Certified Tax Return• Or Notarized Statement of No Income specifying period of time.
IRS 941 Form	<ul style="list-style-type: none">• Certified Form 941 Employer's Quarterly Federal Tax Return• & Proof of 5 employees at time of application.

Please Note: Business is required to have been in operation *before* January 1, 2019. All US, state and local taxes must be current.

III. FAMILY INCOME SUMMARY

Please complete the following chart. Include business owner, along with all permanent residents of the business owner's family, including children.

Name	Age	Legally Disabled (Y or N)	Race	SSN # (last 4 only)	Source(s) of Income* (For Persons 18+)	Estimated Total Gross Income Last 12 Months*
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

*Include wages, pensions, social security, unemployment, veteran's benefits, child support, workers compensation, alimony, rental income, interest income, etc. for all family members 18 years of age or older. Estimate total income, verification will be required at a later date.

Demographic information is confidential and collected for reporting requirements only. The Microenterprise COVID Recovery Program does business in accordance with the Federal Fair Housing Law and Federal Equal Credit Opportunity Act, and does not discriminate against any person because of race, color, age, religion, sex, marital status, or national origin.

IV. REQUIRED FAMILY INCOME DOCUMENTATION

Please Note: HUD defines an LMI person as a member of a LMI family. Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or
- (2) A group of persons residing together, and such group includes, but is not limited to:
 - (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
 - (ii) An elderly family;
 - (iii) A near-elderly family;
 - (iv) A disabled family;
 - (v) A displaced family; and
 - (vi) The remaining member of a tenant family.

Instructions: This page must be completed for *all* members of the family living in the household who are 18+ years old. Indicate *all that apply* by circling Yes or No below and **return with required documentation to the address provided.**

Do you have this type of income? (Please Circle Yes or No)		Required personal income documentation: (Please Provide)	
Employment	Yes	No	8 most recent consecutive weeks of paystubs
Self-Employment (Sole Proprietorship)	Yes	No	2019 IRS Certified 1040 Tax Return with Schedule C - If there are employees, a certified 941 must be provided
Self-Employment (Partnership)	Yes	No	<ul style="list-style-type: none"> • 2019 IRS Certified 1040 Tax Return with Schedule C • & Certified 1065 Partnership Return of Income • & Form 1064 -Schedule k-1 Partner's Share of Income, Credits, & Deductions • & Certified 941 if there are employees
Social Security	Yes	No	Current Social Security Benefit Statement (INCLUDING Medicare Premium)
Unemployment	Yes	No	Monetary Determination
Transitional Assistance/ SNAP	Yes	No	Statement of benefits from department of Transitional Assistance
Retirement and Pension Income	Yes	No	<ul style="list-style-type: none"> • A copy of current check, check stub, or bank direct deposit slip showing type, amount, frequency of payment. • & 2019 IRS Certified tax return
Corporation	Yes	No	2019 IRS certified Form 1120 OR (If shareholder) 2019 IRS Certified form 1040 with form 1120 and Schedule k-1
Odd Jobs	Yes	No	<ul style="list-style-type: none"> • List of jobs performed • AND Names and addresses of persons for whom work was done • AND All payments received for previous 8 weeks • AND 2019 IRS Certified Tax Return with Schedule C
More than \$100 In Interest Annually	Yes	No	Bank Statements from prior 2 months showing amounts received
Dividends	Yes	No	Statement from dividend source showing amounts and frequency of payments
Rental Income	Yes	No	Copies of Tenant's rent checks for previous 3 months OR Signed & Notarized statements from tenants indicating amounts and frequency of payments OR A copy of current lease which indicates amount of monthly payments.
No Income	Yes	No	<ul style="list-style-type: none"> • 2019 IRS Certified Tax Return • & Notarized Statement of No Income specifying period of time.
Alimony Received	Yes	No	<ul style="list-style-type: none"> • 2019 IRS Certified Tax Return • & Copy of Court Order indicating amount and frequency of payments.
Child Support Received	Yes	No	<ul style="list-style-type: none"> • 2019 IRS Certified Tax Return • & Copy of Court Order indicating amount and frequency of payments.
Veterans Benefits	Yes	No	Letter from VA showing current amount of assistance
Worker's Compensation	Yes	No	Statement from insurance company or employer which indicates amount, frequency, and effective date of payments.

V. CERTIFICATION/AUTHORIZATIONS/SIGNATURES

I/we certify that all information provided as part of this application is true and correct to the best of my knowledge.

I/we give my/our consent to the sponsoring organization considering this application to use the information provided herein for the purpose of grant award consideration.

Business Owner Signature

Date

Business Owner Signature

Date