

Family Income Form

To be completed by all owners of the business

The Microenterprise Grant for which you are applying has been made available with financial assistance from **Columbia County** using Federal Community Development Block Grant Funding. As a result, the business owner is required to provide the following information:

Business Name: _____ Address: _____

Your Name: _____ Address: _____

Step 1	Determine your family size by counting yourself and all members of your family who currently reside with you within the same housing unit. A family member is a person who is related to you by birth, marriage or adoption. Circle the appropriate family size below.
Step 2	Total the income from all sources received during previous year by yourself and each member of your family who currently resides with you. Compare this total to the figure listed for the circled family size.
Step 3	If your family income is equal to or less than the figure you compared in Step 2, circle YES on the line with your family size. If your family income is more than the figure you compared, circle NO.

Family Size	Corresponding Income	Equal or Less Than?
One	\$52,600	YES / NO
Two	\$60,100	YES / NO
Three	\$67,600	YES / NO
Four	\$75,100	YES / NO
Five	\$81,150	YES / NO
Six	\$87,150	YES / NO
Seven	\$93,150	YES / NO
Eight	\$99,150	YES / NO

Source: U.S. Department of HUD (FY 2023 Income Limits for Columbia County)

Required census of applicants information

Ethnic Origin (please check one or more)				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American, Aleut or Eskimo	Other (please specify)

Hispanic origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you a veteran of the US Military Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I certify that the information provided herein is true to the best of my knowledge.

Signed: _____

Date: _____