



City of Hemet
CDBG-CV Business Support Grant Program – Round II
SELF-CERTIFICATION
BUSINESS OWNER - ANNUAL HOUSEHOLD INCOME

Business	
Business Name:	_____
Business Location/Address:	Hemet, California _____
Business Owner	
Business Owner Name(s):	_____
Number of Business Owners: _____	NOTE: Each business owner must complete this form if they are not part of the same household.

INSTRUCTIONS: This is a written statement from the business owner seeking assistance through the City of Hemet CDBG-CV Business Support Grant Program documenting: (1) the **business owner’s household** annual (**Gross**) Income where gross income is **before** any taxes or other deductions are taken out; (2) the number of members in the business owner’s household; (3) relevant characteristics of each member of the business owner’s household for the purposes of income determination; and (4) the income determination method used by the City for qualification purposes. The City has selected the HUD 24 CFR Part 5 definition of income to be used. The maximum gross household income chart is shown on the next page.

Business owner to complete this certification statement for his/her household. Fill in the blank fields below and check only the boxes that apply to each household member. **All** adult household members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

BUSINESS OWNER - HEAD OF HOUSEHOLD INFORMATION	
Name:	_____
Home Address:	_____
Phone #:	_____ Email: _____
HOW HAS COVID-19 FINANCIALLY <u>NEGATIVELY</u> IMPACTED YOU?	
<input type="checkbox"/>	Our household has not been affected by COVID-19.
<input type="checkbox"/>	The business I own is our only source of income and is/was shut down due to COVID-19 and has caused a financial hardship on our household.
<input checked="" type="checkbox"/>	This business is not our only source of income. Our household has income from other sources including persons that are employed outside of the business, operate a separate business(es), or have other types of income (retirement, etc.). However, the loss of income from this business due to COVID-19 has caused a financial hardship to our household.
<input type="checkbox"/>	Other: Briefly explain how you were affected by COVID-19: _____

MEMBERS OF HOUSEHOLD (All Persons Living in Residence)

R = Retired

DIS = Person with disabilities

S≥18 = Full-time student age 18 or over

	Name of Household Member(s):	Age	R	DIS	S≥18
1					
2					
3					
4					
5					
6					
7					
8					

HEAD OF HOUSEHOLD ONLY - Please check what applies to you.

Race Categories	Check only ONE Race Category	Check if also Hispanic
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	
American Indian or Alaska Native and White	<input type="checkbox"/>	
Asian and White	<input type="checkbox"/>	
Black or African American and White	<input type="checkbox"/>	
American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	
Balance/Other	<input type="checkbox"/>	

HEAD OF HOUSEHOLD ONLY - Please check what applies to you.

62 years or older?	<input type="checkbox"/>
Disabled?	<input type="checkbox"/>
Veteran?	<input type="checkbox"/>
Female head of household?	<input type="checkbox"/>

Section A: Household Income Sources. For each household member below, enter annual income anticipated for the next 12 months. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart.

Income Sources	Person # 1	Person # 2	Person # 3	Person # 4	Person # 5	Person # 6
Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) (do not include Federal Pandemic Unemployment)	\$	\$	\$	\$	\$	\$
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)	\$	\$	\$	\$	\$	\$
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)	\$	\$	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$	\$	\$
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$	\$	\$
Retirement/Pension/Insurance policy/Annuities	\$	\$	\$	\$	\$	\$
Disability or Death Benefits (disability compensation)	\$	\$	\$	\$	\$	\$
Worker's Compensation and Severance pay	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments (Temporary Assistance to Needy Families)	\$	\$	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits (exclude deferred disability benefits)	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480)	\$	\$	\$	\$	\$	\$
Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit	\$	\$	\$	\$	\$	\$
Other (please describe): _____	\$	\$	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$	\$	\$

Section B: Income from Assets. Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Household Member #	Assets Categories: Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Current Balance/Cash Value of Asset	Interest/Dividends Earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
Household Member #	Disposed Assets: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Box (B1) Total Value of Assets	Box (B2) Total Income from Assets
		\$	\$

Maximum Household - GROSS Income Limits as of March 31, 2021

(The combined gross income of all adults in the household cannot be higher than shown below.)

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$42,200	\$48,200	\$54,250	\$60,250	\$65,100	\$69,900	\$74,750	\$79,550

Gross income defined: All income before any deductions such as taxes, retirement contributions, union dues, etc.

Gross income includes: All gross income (before any deductions) for persons 18 years of age and older including, but not limited to, unemployment, wages, bonuses, social security, pensions, disability, child support, alimony, asset income from retirement accounts, checking accounts, savings account, CDs, stocks, bonds, etc.

REQUIRED SUPPORT DOCUMENTATION

BUSINESS OWNER: Please attach the following with this certification if these documents have not already been provided to the City:

1.	2020 federal business income tax return (all pages) or 2019 if 2020 has not been filed.
2.	2020 federal personal income tax return (all pages) or 2019 if 2020 has not been filed.
3.	Completed IRS 4506-T for personal and business federal income tax returns (attached).
4.	All Business Owners: Profit and Loss Statement: July 1, 2020 through March 31, 2021

CERTIFICATION – All Household Members 18 Years of Age and Older Must Sign

I/we certify that this information contained on this five-page form is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Hemet (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form **authorizes** the City to **verify all** sources of incomes and/or **including**, but limited to, the submittal of a request to the Employment Development Department/Unemployment Agency and/or Internal Revenue Service to verify any **unemployment benefits** currently being received and verification of taxes.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER HOUSEHOLD ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

** Attach another copy of this page if additional signature lines are required.*

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Hemet does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, or services/activities.



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*****TO BE COMPLETED BY CITY OF HEMET*****

	Box (B3) Value of Imputed Asset
If the amount in Box (B1) is greater than \$5,000, calculate the imputed value of the assets by multiplying Box (B1) by the Passbook Savings rate of (.06%)	\$
Section B: Total Income from Assets [Greater of box (B2) or (B3)]	\$
Total Household Annual Income (Sections A + B)	\$

CITY OF HEMET - FORM INCOME REVIEW BY:

NAME PRINTED:	
SIGNATURE:	

