

## MENDOCINO COUNTY CDBG MICROENTERPRISE TECHNICAL ASSISTANCE PROGRAM APPLICATION & SELF CERTIFICATION VERIFICATION FORM

Eligible applicants must meet the definition of a microenterprise, be located within the unincorporated areas of Mendocino County or participating cities and meet specific income eligibility requirements. Please see section 2.5 of the County of Mendocino In-House CDBG Microenterprise Program Guidelines 2025 for further information.

### PART I: Participant Information

Participant / Beneficiary Name(s): \_\_\_\_\_

Address (Home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Is this address in the unincorporated areas of Mendocino County?      Yes      No

Telephone (business): \_\_\_\_\_

Telephone (cellular): \_\_\_\_\_

Email: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Is this address in the unincorporated areas of Mendocino County?      Yes      No

*Only businesses located in the unincorporated areas of Mendocino County or participating cities are currently eligible for this program.*

### 1. What services are you seeking?

- |  |  |
|--|--|
| <input type="checkbox"/> Start-up Assistance                           | <input type="checkbox"/> Managing a Business             |
| <input type="checkbox"/> Business Plan                                 | <input type="checkbox"/> Business Accounting / Budgeting |
| <input type="checkbox"/> Licensing, Permitting & Regulation Assistance | <input type="checkbox"/> Technology                      |
| <input type="checkbox"/> Financing / Capital                           | <input type="checkbox"/> eCommerce                       |
| <input type="checkbox"/> Marketing                                     | <input type="checkbox"/> Other: _____                    |

**1. Confidential Participant / Beneficiary HUD Demographic Data** *(This section is voluntary.)*

Ethnicity (Select One)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
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Race (Select One)	Multi-Racial (select one)
<input type="checkbox"/> White	<input type="checkbox"/> Native American/Alaskan Nat. & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Indigenous/Alaskan & Black/African
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/> Other:
<b>Other Demographic Data</b> (Select each that Applies)	
<input type="checkbox"/> Female Head of Household <input type="checkbox"/> Participant Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> 62 Years or Older	<input type="checkbox"/> Single / Non-Elderly <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Other:

**Part II: Confidential Participant / Beneficiary Income Certification**

*(Must be completed and signed before microenterprise services are provided)*

**Income Self Certification**

All participants household income must be at or less than 80% the area median income (AMI) adjusted for family size, as defined by HUD each year, to participate in this program. Participants must sign a self-certification attesting to the income reported in the application.

**1) Number of Employees & Owners:**

The total number of employee(s) is: \_\_\_\_\_. The total number of Owner(s) is: \_\_\_\_\_. Combined Employee(s) and Owner(s) = \_\_\_\_\_.

**2) Number of Family Members & Gross Income:**

My total family size consists of \_\_\_\_\_ members, and the total gross annual 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).*

<b>Mendocino County, CA FY 2025 Low (80%) Income Limits</b>			
<b>Persons In Family</b>	<b>Annual Net Income</b>	<b>Persons In Family</b>	<b>Annual Net Income</b>
1	\$52,600	5	\$81,150
2	\$60,100	6	\$87,150
3	\$67,600	7	\$93,150
4	\$75,100	8	\$99,150

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state and federal personnel as part of compliance monitoring.

Participant / Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant / Beneficiary Name (print): \_\_\_\_\_ Date: \_\_\_\_\_