

## Community Development Block Grant Program (CDBG) CV3, City of Des Plaines Small Business Assistance Grant Program

### Income Verification Business Owner Low-Moderate-Income (LMI) Household or LMI Job Creation/ Retention

Date: \_\_\_\_\_ Business: \_\_\_\_\_

If you're a LMI (Low-Moderate-Income) business owner and applying on this basis complete this form to confirm that you are a Low-moderate-income household (must have five (5) or less employees, if more than five (5) employees, you must use this form for Job Creation/Retention. Please complete one (1) form for each position retained or created.

Full Name (print please):	
Home Address:	
Telephone	
Title:	
Please indicate is this form is for; LMI Employer <input type="checkbox"/> Number of Employees _____ LMI Employee <input type="checkbox"/>	Please select the number of people in your household, including yourself: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Was your total household income during the last 12 months higher or lower than the amount indicated below?  
The dollar amount represents annual household income.  Higher  Lower

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$52,200	\$59,650	\$67,150	\$74,550	\$80,550	\$86,500	\$92,450	\$98,450

Household Income: \$ \_\_\_\_\_

Household Income Levels:  Extremely Low Income  Very Low Income  Low Moderate Income

Please identify the appropriate race category and Hispanic ethnicity if applicable (optional):			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American & White		
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		
<input type="checkbox"/> Asian	<input type="checkbox"/> White		
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Other Multi-Racial		
Hispanic ethnicity if appropriate	<input type="checkbox"/> Hispanic	Female Head of Household	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> No

I hereby 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 federal government representatives.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature