



Tool C-5: Annotated Income Certification for Microenterprise Owners

Income Certification for Microenterprise Owners

Applicant Name:	Sample Applicant	Business Name:	
Application ID#:	XXXXXXXX	Business Address:	

SECTION 1: ALL FAMILY MEMBERS

1A: Family Members with Earned & Unearned Income <i>Included in Adjusted Gross Income (AGI)</i>	Relation to HoF	Date of Birth	Supporting Income Documentation Provided*
a	<div style="border: 1px solid red; padding: 5px;"> Include all family members with income (applicant included) in this section. </div>	<div style="border: 1px solid red; padding: 5px;"> Make sure dates of birth are consistent throughout application. </div>	<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
b			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
c			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
d			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:
e			<input type="checkbox"/> Most current IRS 1040 <input type="checkbox"/> Other:

*For *each* family member providing **Other** Supporting Income Document(s), an **Adjusted Gross Income Worksheet** must be submitted along with **any applicable** income and expense documents listed in the Income Information section of the **Application Document Checklist**.

1B: Family Members with <u>NO</u> Income <i>NOT included in the family Adjusted Gross Income (AGI)</i>	Relation to HoF	Date of Birth	Supporting Income Documentation Provided**
1	<div style="border: 1px solid red; padding: 5px;"> Do not include minor's income. Mark N/A – Minor dependent. No further documentation is required for minors or depends on your tax return. </div>		<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
2			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
3			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
4			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income
5			<input type="checkbox"/> N/A – Minor/Dependent <input type="checkbox"/> Certification of Zero Income

Family members that are *Minors* (under age 18) or are claimed as a qualified *Dependent* on a Tax Return require **NO further documentation. All other family members claiming zero income must submit a **Certification of Zero Income**.

Total Family Members:	<div style="border: 1px solid red; padding: 2px;"> Make sure to fill out this box! </div>
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SECTION 2: ANNUAL ADJUSTED GROSS INCOME (AGI)

	Family Members with Earned & Unearned Income						Total (Sum a-f)
	a	b	c	d	e	f	
Family AGI***	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00

If a **Adjusted Gross Income Worksheet** is completed, AGI is from row 31 on the **Adjusted Gross Income Worksheet**.

SECTION 3: CERTIFICATION SIGNATURE(S)

Fill in Section 2 for each family member using a-e from Section 1A. If a couple (applicant & co-applicant) has filed a joint 1040, put AGI under field and put \$0 in field b.

I hereby claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and certify that the information presented above is true and accurate to the best of my/our knowledge and these representations herein constitutes an act of fraud. False, misleading or incomplete information may disqualify you from any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states knowingly and willfully makes a false statement to any department of the United States Government.

APPLICANT: I/We certify that the information presented on this form is true and complete to the best of my/our knowledge and belief. I/We agree to provide income source verification to The State of California Department of Housing and Community Development upon request. I/We understand that this certification is part of the application process and does not guarantee eligibility for the CA HCD CDBG-CV Program.

Signature - Applicant	Signature - Co-Applicant	Date
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SUBRECIPIENT: I have reviewed, verified, and confirmed the information presented on this form in accordance with the requirements of the CA HCD CDBG-CV Program. I hereby certify that the information presented herein is complete and accurate to the best of my knowledge.

Signature – Program Representative	Date
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