

# #Palmdale CARES

## City of Palmdale

Microenterprise Business Grant Program Application

June 2021

# Microenterprise Business Assistance Application

## Application Process

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Applications can be submitted online at [www.CityofPalmdale.org/BusinessGrants](http://www.CityofPalmdale.org/BusinessGrants) or by printing and hand delivering applications to the Economic Development Division at 38250 Sierra Highway, Palmdale, CA during regular hours of operation of Monday through Thursday from 7:30 am to 6:00 pm. Applications WILL NOT be accepted by email or fax. Applications will be time stamped and reviewed on a first-come, first-serve basis. The application period will open on June 7, 2021 and close on September 9, 2021 or when all funds are granted, whichever comes sooner. If interest persists and funds are still available, the City may extend the application period.

*Questions about the application process? For the fastest response, please contact Economic Development Division at (661) 267-5125 or at [businessgrants@cityofpalmdale.org](mailto:businessgrants@cityofpalmdale.org).*

## Eligibility Checklist

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The checklist below assists businesses to determine eligibility for the microbusiness assistance programs. For more guidance, please view the program guidelines [www.cityofpalmdale.org/businessgrants](http://www.cityofpalmdale.org/businessgrants)

Is your business located within Palmdale City boundaries?	Yes ___ No ___
Does your business have 5 or fewer employees (including owner(s))?	Yes ___ No ___
Does the business owner have a family income at or below 80% of area median income (see page 7)?	Yes ___ No ___
Are you able to document that your business was adversely impacted by COVID-19?	Yes ___ No ___
Does your business have a current City of Palmdale business license?	Yes ___ No ___
Was your business open on or before February 29, 2020?	Yes ___ No ___
Does your business meet the eligibility requirements outlined in the program guidelines? <ul style="list-style-type: none"> <li>• Owner is 18 years or older</li> <li>• Business or owner has a DUNS number, or has applied for one?</li> <li>• Business has a valid federal employer identification number (EIN)</li> <li>• Business has a bank account</li> <li>• Business is not subject to City Conflict of Interest Code</li> </ul>	Yes ___ No ___
Can confirm that my business is <b>not</b> one of the following: <ul style="list-style-type: none"> <li>• Nonprofit entity (e.g. 501 (c)(3), 501 (c)(6), etc.)</li> <li>• Passive business (i.e. rental property or other business in which one does not actively participate)</li> <li>• Home-based business</li> <li>• Government organization</li> <li>• Business that limit patrons to 18 and older</li> </ul>	Yes ___ No ___

*If you answered yes to these questions, you may be eligible for the Microenterprise Assistance Program and should apply for this program. If you answered no to any question, you may not be eligible for the Palmdale Microenterprise Business Assistance Program. If you have any questions regarding your business' eligibility, please contact the Economic Development Division at 661-267-5125.*

# Microenterprise Business Assistance Application

## Summary Application

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Name of Business Owner:	
Legal Name of Business:	
DBA (if applicable):	
Business Address:	
Business Owner Email:	
Business Owner Phone:	
Date Business Opened:	
Federal EIN:	
DUNS Number:	

*(if you have applied, but have not yet received your DUNS number, attach documentation of DUNS application) <https://fedgov.dnb.com/webform/>*

1. Does the business have a current business license? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is the business currently the subject of a collection action, involved in a lawsuit, or have a judgement against it? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a document providing an explanation.
3. Has the business filed for bankruptcy in the past 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a document providing an explanation.
4. Is the business owner subject to the City's conflict of interest code ([www.cityofpalmdale.org/BusinessGrants](http://www.cityofpalmdale.org/BusinessGrants))? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a document providing an explanation.
5. Does the business require other external assistance to open/ remain open? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and summarize the status of the other forms of assistance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please describe how this assistance will enable the business to continue operation/ re-open/ expand service delivery? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Microenterprise Business Assistance Application

## COVID-19 Impact

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In order to be eligible for the Microenterprise Business Assistance programs, businesses must have been adversely economically impacted because of the COVID-19 pandemic.

As part of the application Microenterprise Businesses must submit sufficient documentation showing that the business was impacted and continues to be economically impacted by COVID-19. Types of documentation verifying continued economic impact as a result of COVID-19 pandemic include Profit and Loss Statements showing changes over time, etc.

Microenterprise grants will be provided to eligible businesses on a reimbursement basis and can be applied toward the following eligible costs:

- Rent - paid to a third-party entity under a written lease.
- Utilities - gas, electric, water and/or internet service paid to a third-party entity with source documentation.

Documentation will be required prior to reimbursement from the grant. Types of documentation include: copy of the lease or utility bill, proof of payment, etc.

**\*The City reserves the right to request additional documentation, as necessary to verify information in this application.**

# Microenterprise Business Assistance Application

## Duplication of Benefits

In order to be eligible for the Business Assistance program, businesses must document that they have neither received nor will seek other grants, loans, or other assistance from any private, local, state, or federal funding source for the **same uses** as identified in the application. For example, if a business received the SBA PPP Loan for rent costs in May and June, CDBG assistance could not be used for rent costs for the same time period

Applicants must complete and attach the duplication of benefits self-certification.

1. Have you applied for and/or received any other governmental assistance because of the COVID 19 emergency? \_\_\_\_\_

*If yes, please complete the table below and attach additional pages if necessary.*

Source	Grant (Y/N)	Loan (Y/N)	Term	Rate	Amount	Use of Funds
Paycheck Protection Program						
Economic Injury Disaster Loan						
Express Bridge Loan						
Debt Relief Program						
Main Street Lending Program						
Restaurant Revitalization Fund						
Other _____						
Other _____						

2. Is CDBG replacing any other federal/ non-federal source? \_\_\_\_\_ If yes, attach explanation.
3. If the business is receiving other external grants or loans, please attach the disbursement schedule for all sources.

# Microenterprise Business Assistance Application

## Microenterprise Business Assistance Application

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For the Microenterprise Business Assistance program, please fill out the following form. For the purposes of the business assistance program, a microenterprise is:

*A business with less than 5 total employees (including the owner) where the owner(s) qualify as having a family income is less than 80% of the area median income.*

1. **Total Number of Employees (including owner(s)):** \_\_\_\_\_
2. **Owner current household income (attach income certification form and documentation on subsequent page):** \$ \_\_\_\_\_
3. **Grant Amount Requested (not to exceed \$10,000)**

*Please use the chart to describe how you intend to utilize the funds from this grant to support your business. Funds can only be used for payment of rent and/or utilities.*

Rent - paid to a third-party entity under a written lease.

Utilities - gas, electric, water and/or internet service, paid to a third-party entity with source documentation.

Eligible Use	Amount	Description
Rent		
Utilities		
- Gas		
- Electric		
- Water		
- Internet Service		
<b>TOTAL</b>		

# Microenterprise Business Assistance Application

## Microenterprise Assistance Income Certification

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For a business owner to qualify for Microenterprise Assistance Program, the applicants' current annual income shall not exceed the low- and moderate-income limit, adjusted by family size.

**Current Annual Family Income: \$\_\_\_\_\_**

**Circle your family size:**

# of People in Family	1	2	3	4	5	6	7	8
Max. Family Income	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	109,750	117,350	124,900

*Effective June 1, 2021 for the Los Angeles, Long Beach, Glendale, CA MSA (80% Area Median Income)*

**WARNING:** The information provided on this form is subject to verification by 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.

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## INCOME DOCUMENTATION FORM

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination.

1. List all family members and address below;
2. Complete monthly income worksheet summarizing gross monthly income for all family members over the age of 18;
3. Provide copies of all necessary supporting documentation;
4. All adult beneficiary members must sign certification form.

The City requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table 1 (located on page 13).

**DEFINITION OF INCOME:** For this program, the City is using the Part 5 definition of income. Income excluded from this definition is summarized in Table 2 (located on page 14-16).

### Beneficiary Information

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

### Business Owner Family Information

NO.	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DISABLED YES/NO	AGE	STUDENT YES/NO	SEX M / F
1.		SELF				
2.						
3.						
4.						
5.						
6.						
7.						
8.						

List the name of each individual living in the housing unit, if a new family member age 18 or older is now residing at the residence, attach photo identification



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<b>Worksheet 1: Current MONTHLY FAMILY Income</b>				
<b>INCOME SOURCE</b>	<b>APPLICANT</b>	<b>HEAD/ CO- HEAD OF HOUSEHOLD</b>	<b>OTHER HOUSEHOLD MEMBERS 18 OR OLDER</b>	<b>TOTAL</b>
Wages, overtime pay, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family). A deduction for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation as provided in Internal Revenue Service regulations.	\$	\$	\$	\$
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.  If the family has net family assets in excess of \$5,000, income shall be equal to the greater of the actual income derived from all net family assets or the current passbook savings rate (as determined by HUD) of 0.06% multiplied by the value of such assets.	\$	\$	\$	\$
Social Security, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of	\$	\$	\$	\$

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similar periodic receipts. Report the total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report the total amount received.	\$	\$	\$	\$
Any public assistance or welfare payments from state or local welfare office. Report total amount received.	\$	\$	\$	\$
Periodic and determinable allowances such as alimony, child support payments, regular contributions, or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	\$	\$	\$	\$
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total Present GROSS Monthly Family Income</b>			<b>A</b>	<b>\$</b>
<b>Multiply by 12 months in a year</b>			<b>B</b>	<b><u>X 12</u></b>
<b>A times B is equal to TOTAL ANNUAL INCOME</b>			<b>C</b>	<b>\$</b>

I/We certify that the family income listed above discloses all income received in the past three months and is accurate. I/We have provided copies of all required supporting documentation.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

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## Worksheet 2: Income from Assets

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 does not have assets, indicate "none". Calculate the totals on the last row of this chart.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. *Please list each asset separately and by Asset Type*

	Assets Category Real estate, rental property, land contract/ contract for deeds, or other real estate holdings (including personal residence, mobile homes, vacation homes, vacant land, commercial property, etc.)	Cash Value of Asset	Interest/Dividends Earned on the Assets
<i>Account Holder</i>	<i>Primary Residence:</i>	N/A	N/A
	<i>Other real property:</i>		
	Other Assets Categories: Checking, Savings, Mutual funds, Money Market Acct., Cash on Hand Stocks, Bonds, Securities, Treasury Bills, Certificate of Deposit, Trust Funds, Revocable Trust, Annuities Pensions, IRAs, 401Ks, 403bs, KEOGH, or other retirement account. Surrendered Value of Whole Life, Universal Life, or Endowment Insurance policy which is available to the policy holder before death. Personal property held as investment (including paintings, coin, art, or gem collections or show cars and antiques. Not personal belongings). Lump sum- inheritance, Lottery Winnings, Insurance Settlements	Cash Value of Asset	Interest/Dividends Earned on the Assets
<i>Account Holder</i>	<i>Asset Type:</i>	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	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
Account Holder		\$	\$
		\$	\$
		Box (B1) Total Value of Assets	Box (B2) Total Income from Assets
		\$	\$

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***To be completed by Program Administrator***	
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%)	Box (B3) Value of Imputed Asset
	\$
Section B: Total Income from Assets (greater of box (B2) or (B3))	\$
Total Household Annual Income (Sections A + B)	\$

I/We certify that the family assets listed above discloses all assets and is accurate. I/We have provided copies of all required supporting documentation

Applicant Signature:	Date:	Co-Applicant Signature:	Date:

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

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**Table 1: Summary of Required Income Documentation**

Please provide the requested items below, if applicable to your family for all family members over the age of 18. All documents submitted **must be copies** and will not be returned. **Do not send originals.**

If you or a family member have income from the following sources:	You are required to submit the following documents:	Covering the following period(s) of time:
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items	Copies of last 3 paycheck stubs / earnings statements	Most recent three (3) months
Net income from the operation of a business or profession	Complete (all pages) for the most recent filed Federal Income Tax Return; or  Profit and Loss Statement showing the net amount after business expenses.	Most recent tax year filed
Interest, dividends, net rental income, royalty income, or income from estates and trusts, income from assets	Bank Statements	Most recent three (3) months
Social Security, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts.	Social Security Letter (if applicable); or  Bank Statements	Current year's award letter or Most recent three (3) months
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation.	Current year's award letter or Bank Statements	Most recent three (3) months
Any public assistance or welfare payments from state or local welfare office	Award letter; or  Statement from source of assistance	Current year's award letter or statement of current benefits from the source of assistance
Periodic and determinable allowances such as alimony, child support payments, regular contributions, or gifts received from organizations or persons not residing in the dwelling.	Check Stubs; or Bank Statements	Most recent three (3) months
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire.	Check Stubs; or Bank Statements	Most recent three (3) months

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<b>*List of types of income sources that do not count toward income</b>
Income from employment of children (including foster children) under the age of 18 years.
Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
Income of a live-in aide (as defined in 24 CFR 5.403).
The full amount of student financial assistance paid directly to the student or to the educational institution (Subject to 24 CFR 5.609(b) [refer to Income Inclusions Tab - No. 9]).
The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
Amounts received under training programs funded by HUD.
Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.
Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time.
Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.
Temporary, nonrecurring, or sporadic income (including gifts).
Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
Adoption assistance payments in excess of \$480 per adopted child.
Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.
Amounts specifically excluded by any other Federal statute from consideration as income for purposes of

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determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the FEDERAL REGISTER and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. The following is a list of income sources that qualify for that exclusion:
The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017 [b])
Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058) (e.g., employment through AmeriCorps, Volunteers in Service to America [VISTA], Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions)
Certain payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626[c])
Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e)
Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624[f])
Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, section 6)
The first \$2,000 of per capita shares received from judgment funds awarded by the National Indian Gaming Commission or the U. S. Claims Court, the interests of individual Indians in trust or restricted lands, and the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-1408). This exclusion does not include proceeds of gaming operations regulated by the Commission
Amounts of scholarships funded under title IV of the Higher Education Act of 1965 (20 U.S.C. 1407-1408), including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu). For section 8 programs only (42 U.S.C. 1437f), any financial assistance in excess of amounts received by an individual for tuition and any other required fees and charges under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall not be considered income to that individual if the individual is over the age of 23 with dependent children (Pub. L. 109-11, section 327) (as amended)
Payments received from programs funded under Title V of the Older Americans Act of 1985 (42U.S.C. 3056g))(e.g., Green Thumb, Senior Aides, Older American Community Service Employment Program)
Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in In Re Agent Orange Liability Litigation, M.D.L. No. 381 (E.D.N.Y.)
Payments received under the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 25 U.S.C. 1728)
The value of any childcare provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q)
Earned income tax credit (EITC) refund payments received on or after January 1, 1991, for programs administered under the United States Housing Act of 1937, title V of the Housing Act of 1949, section 101 of the Housing and Urban Development Act of 1965, and sections 221(d)(3), 235, and 236 of the National Housing Act (26 U.S.C. 32[l])
Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95-433)
Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637[d])
Any allowance paid under the provisions of 38 U.S.C. 1833(c) to children of Vietnam veterans born with spina bifida (38 U.S.C. 1802-05) children of women Vietnam veterans born with certain birth defects (38 U.S.C.

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1821), and children of certain Korean service veterans born with spina bifida (38 U.S.C. 1821)
Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602)
Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931(a)(2))
Any amount received under the Richard B. Russell School Lunch Act (42 U.S.C. 1780(e)) and the Child Nutrition Act of 1966 (42 U.S.C. 1780(b)), including reduced-price lunches and food under the Special Supplemental Food Program for Women, Infants, and Children (WIC)
Payments, funds, or distributions authorized, established, or directed by the Seneca Nation Settlement Act of 1990(25 U.S.C. 1774f(b))
Deferred amounts from Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts(42 U.S.C. § 1437a(b)(4))
Compensation received by or on behalf of a veteran for service-connected disability, death, dependency, or indemnity compensation as provided by an amendment by the Indian Veterans Housing Opportunity Act of 2010 (Pub. L. 111-269; 25 U.S.C. 4103(9)) to the definition of income applicable to programs authorized under the Native American Housing Assistance and Self-Determination Act (NAHASDA) (25 U.S.C. 4101 et seq.) and administered by the Office of Native American Programs
A lump sum or a periodic payment received by an individual Indian pursuant to the Class Action Settlement Agreement in the case entitled Elouise Cobell et al. v. Ken Salazar et al., 816 F.Supp.2d 10 (Oct 5, 2011 D.D.C.), for a period of one year from the time of receipt of that payment as provided in the Claims Resolution Act of 2010 (Pub. L. 111-291)
Any amounts in an “individual development account” as provided by the Assets for Independence Act, as amended in 2002 (Pub. L. 107-110, 42 U.S.C. 604(h)(4))
Per capita payments made from the proceeds of Indian Tribal Trust Cases as described in PIH Notice 2013-30 “Exclusion from Income of Payments under Recent Tribal Trust Settlements” (25 U.S.C. 117b(a))
Major disaster and emergency assistance received by individuals and families under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93-288, as amended) and comparable disaster assistance provided by the States, local government, and disaster assistance organizations (42 U.S.C. 5155(d)).



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## Information for Government Reporting

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form **WILL NOT** be used to evaluate your application for participation in the Business Assistance program. Information is required for federal funding reports only.

BUSINESS OWNER 1	BUSINESS OWNER 2 (if applicable)
PLEASE MARK <b>ONE</b> :	PLEASE MARK <b>ONE</b> :
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> BLACK / AFRICAN AMERICAN
<input type="checkbox"/> ASIAN	<input type="checkbox"/> ASIAN
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER	<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE
<input type="checkbox"/> ASIAN & WHITE	<input type="checkbox"/> ASIAN & WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE	<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
HEAD OF HOUSEHOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD OF HOUSEHOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO
HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
PERSON WITH A DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSON WITH A DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO

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## Duplication of Benefits Self Certification

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I/We, as the owners of \_\_\_\_\_ business located in the City of Palmdale, certify that we comply with the Duplication of Benefits Policy as set forth in the Business Assistance Program Guidelines.

I/We certify under penalty of perjury, under the laws of the State of California, that I/We are not able to receive, and have not received, other federal or non-federal benefits or assistance for the same purposes as outlined in the program application. Applicant further certifies that I/We will not pursue other federal or non-federal benefits for the same uses of the Business Assistance Program as outlined in the program application.

If I/We receive benefits or assistance for the same purpose as stated in the program application, we will report this duplication of assistance to the City within seven (7) business days and immediately return any duplicative grant assistance to the City as required by the Economic Development Department.

BUSINESS OWNER(S)		
Signature	Printed Name	Date
Signature	Printed Name	Date

**WARNING:** The information provided on this form is subject to verification by 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.

# Microenterprise Business Assistance Application

## Signature Page

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*(complete one signature page for each business owner(s))*

### **PART IV: APPLICANT CERTIFICATIONS**

I/we certify under penalty of perjury that the information provided in the Income Documentation Packet is complete and accurate to the best of my knowledge. I/we understand that 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.

I/we further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that do not conform to the requirements of the rental assistance program will subject my/our application to immediate denial or cancelation and cause any disbursed funds to be immediately due and payable to the City of Palmdale.

I/we warrants and represents that no City Council Member, City Staff Member, Commission Member, Committee Member, and/or any person who is subject to the provisions of the City's Conflict of Interest Code, has any ownership interest of any kind or amount in the business for which the grant would be issued, or would otherwise receive a financial benefit from any grant which may be extended to applicant and/or for the business. By accepting this grant, I agree to comply with the current and future guidelines and other requirements as set forth by the City of Palmdale.

I attest that I have read and understood the application and completed the application in full, including the required attachments listed below. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

#### *Required Attachments*

1. City of Palmdale Business License;
2. State Identification Card or Driver's License;
3. IRS Form W-9 (Request for Taxpayer Identification Number and Certification);
4. Most recent California Employment Development Department form DE-9 (Quarterly Contribution Return and Report of Wages Form), OR statement certifying the reason the business does not file a DE-9;
5. Documentation of COVID-19 Impact;
6. Other documentation/ explanations, as required;
7. Owner/ family income documentation;
8. Most recent federal tax return (Form 1040 or Form 1040 EZ).

I/we agree to provide any additional documentation required by the program administrator to document my/our eligibility to receive the grant.

<b>BUSINESS OWNER</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>