



**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)  
MICROENTERPRISE BUSINESS GRANT PROGRAM  
PRELIMINARY ELIGIBILITY FORM**

To qualify as a microenterprise business, you must have five or fewer employees at the time of receiving assistance AND, you as owner, must have an annual household below 80% of the Area Median Income (below). Please be assured that this information will remain confidential and will only be used to meet the record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing the CDBG funds.

Assistance is in the form of a grant. Grant will require repayment only if terms of the grant agreement are not met.

---

**BUSINESS OWNER INFORMATION**

---

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

---

**BUSINESS INFORMATION**

---

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of business: \_\_\_\_\_

As a business owner, do you also work in the business?     Yes     No

Is this your only source of income?     Yes     No

If no, please explain the other sources of income? \_\_\_\_\_

---

**FUNDING/ELIGIBILITY CRITERIA**

---

Please list the positions CURRENTLY employed by you:

	Position	First Name Only	Part time/Full-time
1.	Business Owner		
2.			
3.			
4.			
5.			

Have you had to lay off any employees?     Yes     No

Do you anticipate any future layoffs?     Yes     No

## MICROENTERPRISE BUSINESS GRANT PROGRAM PRELIMINARY ELIGIBILITY FORM

Who is the low or moderate-income individual (see chart below)?

- Business Owner : What was your annual income from your most recent tax return? \$ \_\_\_\_\_  
Year of Return? \_\_\_\_\_ If you are reporting income from a tax return that is more than a year old, we may request additional information.
- Employee : I commit to retaining at least one full-time equivalent job held by a person from a low to moderate-income household.  
Indicate by job title the position to be retained: \_\_\_\_\_  
Employee will have to complete an Income Verification Form.

Gross Annual Income cannot exceed amounts listed below per household size. (Moderate income is defined as a household income of less than or equal to 80% if the area median income (AMI), based on the number of persons in the household.)

Household Size	1	2	3	4	5	6	7	8
Gross Annual Income	\$42,000	\$48,200	\$54,250	\$60,250	\$65,100	\$69,900	\$74,750	\$79,550

### MONTHLY EXPENSES

Fixed Expenses:	Amount	Variable Expenses:	Amount
Mortgage/Lease	\$ _____	Payroll	\$ _____
Utilities	\$ _____	Payroll Taxes	\$ _____
Insurance	\$ _____	Employee Benefits	\$ _____
		Cost of Goods Sold	\$ _____
Subtotal	\$ _____	Subtotal	\$ _____

### ESTIMATED ADVERSE IMPACT

When did your business start declining? \_\_\_\_\_

What were your business revenues during the affected damage period? \$ \_\_\_\_\_

What were your business revenues in the last two weeks? \$ \_\_\_\_\_

Please provide a brief explanation of what adverse economic impacts COVID-19 has had on your business:

---



---

Prior to COVID-19 restrictions, how many people did your business employ (including yourself)? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**MICROENTERPRISE BUSINESS GRANT PROGRAM  
PRELIMINARY ELIGIBILITY FORM**

---

**PRIOR ASSISTANCE**

---

Have you applied for any other forms of assistance?

Program/Agency	Date of Application	Amount of Application	Purpose of Application	Amount of Award

If assistance is awarded or received after the date of this application, it must immediately be disclosed.

---

**OPTIONAL**

---

Please mark the appropriate race category and Hispanic ethnicity, if applicable

Race

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native & Black/African American
- Other:

Ethnicity

Hispanic     Yes     No

---

**AFFIDAVIT**

---

- I certify the information contained on this form is accurate and complete to the best of my knowledge under the False Claims Act, 31 U.S.C. 3729-3733, those who knowingly submit or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim.
- I have a copy of my most recent tax return and will provide them to the City of Chino Hills upon request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_