

2020 CDBG INCOME CERTIFICATION FORM

(effective as of April 1, 2020)

Business Information:

Business Name: _____

Business Address: _____

Business Owner's Name: _____

I hereby certify that the awarded \$2,500 small business grant will allow me to hire or retain at least one (1) full-time equivalent job for employee(s) with a combined household size and income in one of the following categories:

HOUSEHOLD SIZE

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

INCOME LIMITS

- | | | |
|---|---|--|
| \$23,700 or less <input type="checkbox"/> | \$23,701 to \$39,450 <input type="checkbox"/> | \$39,451 to \$63,100 <input type="checkbox"/> |
| \$27,050 or less <input type="checkbox"/> | \$27,051 to \$45,050 <input type="checkbox"/> | \$45,051 to \$72,100 <input type="checkbox"/> |
| \$30,450 or less <input type="checkbox"/> | \$30,251 to \$50,700 <input type="checkbox"/> | \$50,701 to \$81,100 <input type="checkbox"/> |
| \$33,800 or less <input type="checkbox"/> | \$33,801 to \$56,300 <input type="checkbox"/> | \$56,301 to \$90,100 <input type="checkbox"/> |
| \$36,550 or less <input type="checkbox"/> | \$36,551 to \$60,850 <input type="checkbox"/> | \$60,851 to \$97,350 <input type="checkbox"/> |
| \$39,250 or less <input type="checkbox"/> | \$39,251 to \$65,350 <input type="checkbox"/> | \$65,351 to \$104,550 <input type="checkbox"/> |
| \$41,950 or less <input type="checkbox"/> | \$41,951 to \$69,850 <input type="checkbox"/> | \$69,851 to \$111,750 <input type="checkbox"/> |
| \$44,650 or less <input type="checkbox"/> | \$44,651 to \$74,350 <input type="checkbox"/> | \$74,351 to \$118,950 <input type="checkbox"/> |

Business Owner's Signature

Certified by signature below, that the foregoing is true and correct.

Print Full Name

Signature

Date

Employee Information

Employee Name: _____

Job Title: _____

Average Weekly Hours (pre-Covid-19) & Hourly Rate or Annual Salary: _____

Employee's Household Size & Estimated Household Income: _____

Employee Signature:

Certified by signature below, that the foregoing is true and correct.

Print Full Name

Signature

Date

THIS SECTION MUST BE COMPLETED BY THE LOCAL CONTRACTING AGENCY (LCA)

City of Agoura Hills	COVID-19 Small Business Grant Program	CV1087-19
<i>Name of LCA</i>	<i>Project Name</i>	<i>Project Number</i>
Income Level: <input type="checkbox"/> Extremely Low	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate
<input type="checkbox"/> Not income qualified for the following reason(s): _____	<input type="checkbox"/> Over the qualifying income limit	
_____ <i>Print Name of Business Assistance Coordinator</i>	_____ <i>Signature</i>	_____ <i>Date</i>

