



COVID-19 Microenterprise Stabilization Program (MicroE) Family Income Self-Certification Form

Instructions:

Your eligibility to participate in this program is determined in part by the size of your family and your family income. A FAMILY is defined as a group of persons residing together, and any dependent children living outside of the home. Family types include, but are not limited to: a family with or without children, an elderly family; a near-elderly family; a disabled family; a displaced family; a co-habiting couple; a multi-generational family. An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one-person family for this purpose.

INCOME is defined as the total annual gross income of all family members 18+ years old. All sources of income during calendar year 2019 must be counted. Income includes all money coming into the family from all persons aged 18 or older. Wages, self-employment wages, business income, TANF, alimony, Social Security benefits, pensions, child support, and regular gifts of money from friends, family or a church must be included. Money earned from providing services, and interest from bank accounts or investments must be included.

WARNING: The information provided on this form is subject to verification by the City/Town, State of Rhode Island, and HUD at any time. Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation, or conceals a material fact, shall be subject to fines and up to 5 years of imprisonment.



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Family Member Information:

Total persons in your family, including yourself: _____

In the chart below, provide the requested information for each adult family member. Then calculate the total annual gross family income.

Name	Age	Relationship to you	Annual Income (\$\$)	Source(s) of Income
<i>yourself:</i>				
		Total Annual Gross Family Income:	\$	

REQUIRED: For each member of the family over age 18 filing separately, attach a copy of IRS Form 1040 for Tax Year 2018, or 2019 if available. This is necessary to complete your application.

I certify that all information is true and complete, in accordance with the instructions on page 1. I made no misrepresentation, nor did I omit any pertinent information. I fully understand that it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for CDBG assistance, as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Home Address: _____

Business Name: _____