

**Town of Brookline
Community Development Block Grant Program (CDBG)
Small Business Assistance
Microenterprise Verification Form**

Owner Name: _____ Owner Address: _____

Owner E-mail: _____ Best Daytime Phone # _____

You are receiving assistance through the Town of Brookline to maintain your business through the COVID-19 crisis. The assistance is being provided to you as a **Microenterprise Business**. To qualify as a microenterprise business, you must have five or fewer employees at the time of receiving assistance AND, you as the owner, must have an annual household income below 80% of the Area Median Income (below). If you do not believe you qualify as a microenterprise business, please notify us immediately. We may be able to assist you through a different category of assistance. Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing the Community Development Block Grant (CDBG) funds to assist your business.

As soon as you have completed the information listed below, you may submit it directly to your employer or return it to Meredith L. Mooney, Economic Development Planner, at the Town of Brookline's Planning and Community Development Department at 333 Washington Street, Third Floor, Brookline, MA 02445. Meredith can be reached at mmooney@brooklinema.gov or 617-264-6478. Thank you for your cooperation.

Business Name (print please):			
Business Address:			
Business Telephone			
Job Title:			full-time or part-time (circle one)

Please **circle** below the number of people in your household, including yourself:

1 2 3 4 5 6 7 8
 \$70,750 \$80,850 \$90,950 \$101,050 \$109,150 \$117,250 \$125,350 \$133,400

Was your total household income during the last 12 months higher or lower than the amount below the number you circled? Please **circle** one: **HIGHER** or **LOWER**

We will ask you to provide documentation of your income via your latest tax return or quarterly tax. Please provide 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.

Please **circle** the appropriate *race category* and *Hispanic ethnicity* if applicable. (optional):

- | | |
|---|---|
| 1. White | 6. Black/African American |
| 2. Asian | 7. American Indian/ Alaskan Native |
| 3. Native Hawaiian/Other Pacific Islander | 8. American Indian/Alaskan Native & White |

4. Asian & White

9. Black/African American & White

5. American Indian/Alaskan Native & Black/African American

10. Other Multi Racial

Hispanic ethnicity if appropriate: Hispanic/Not Hispanic Female Headed Household? Yes No _____

Please list the positions CURRENTLY employed by you:

Position	First Name Only	Part Time/ Full Time
1 Business Owner/		
2		
3		
4		
5		

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

Signature

Date