CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION FORMS (9-P)

*Revised 06/15/2023  
(Based on FY2023* [*HUD CDBG Income Limits*](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) *effective 06/15/2023)*

Instructions: This document includes the *CDBG-CV Microenterprise Employee Self Certification* form for each Wisconsin county as listed in the Table of Contents below. The Microenterprise Business is to be provided an electronic copy of this document.

1. Press the “**ctrl**” key on your keyboard and click on the County name below to skip to the page for the county in which the employee resides, or scroll down or use the “Find” tool in Microsoft Word to go to the applicable county’s form. Forms appear in alphabetical order by county name within this document.
2. Fill in the GRANTEE/UGLG (unit of general local government) NAME and MICROENTERPRISE/BUSINESS NAME in the page ‘header’ of the form.
3. Print the applicable county pages (two pages) and provide the form to employees to complete. The form is to be completed and signed by the employees and submitted with the CDBG Grantee’s *Semi-Annual CDBG-CV Microenterprise Self Certification Report* to the State of Wisconsin Department of Administration – Division of Energy, Housing and Community Resources (DEHCR).

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# 2023 Adams County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Adams County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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|  |
| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Ashland County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Ashland County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Barron County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Barron County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Bayfield County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Bayfield County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Brown County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $20,100 | $20,101 - $33,450 | $33,451 - $53,500 | Greater than $53,500 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Brown County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Buffalo County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Buffalo County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Burnett County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Burnett County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Calumet County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $21,300 | $21,301 - $35,500 | $35,501 - $56,750 | Greater than $56,750 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Calumet County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Chippewa County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,200 | $19,201 - $32,000 | $32,001 - $51,150 | Greater than $51,150 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Chippewa County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Clark County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Clark County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Columbia County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $20,550 | $20,551 - $34,300 | $34,301 - $54,850 | Greater than $54,850 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Columbia County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Crawford County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Crawford County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Dane County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $25,700 | $25,701 - $42,750 | $42,751 - $66,300 | Greater than $66,300 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Dane County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Dodge County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,150 | $18,151 - $30,250 | $30,251 - $48,350 | Greater than $48,350 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Dodge County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Door County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,350 | $18,351 - $30,500 | $30,501 - $48,800 | Greater than $48,800 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Door County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Douglas County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,000 | $19,001 - $31,650 | $31,651 - $50,600 | Greater than $50,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Douglas County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Dunn County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,250 | $18,251 - $30,450 | $30,451 - $48,650 | Greater than $48,650 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Dunn County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Eau Claire County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,200 | $19,201 - $32,000 | $32,001 - $51,150 | Greater than $51,150 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Eau Claire County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Florence County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Florence County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Fond du Lac County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,750 | $18,751 - $31,200 | $31,201 - $49,950 | Greater than $49,950 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Fond du Lac County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Forest County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Forest County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Grant County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Grant County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Green County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,750 | $19,751 - $32,900 | $32,901 - $52,650 | Greater than $52,650 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Green County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Green Lake County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Green Lake County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Iowa County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $20,150 | $20,151 - $33,550 | $33,551 - $53,700 | Greater than $53,700 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Iowa County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Iron County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Iron County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Jackson County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Jackson County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Jefferson County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,600 | $19,601 - $32,700 | $32,701 - $52,300 | Greater than $52,300 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Jefferson County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Juneau County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Juneau County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Kenosha County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,900 | $19,901 - $33,150 | $33,151 - $53,050 | Greater than $53,050 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Kenosha County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Kewaunee County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $20,100 | $20,101 - $33,450 | $33,451 - $53,500 | Greater than $53,500 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Kewaunee County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 La Crosse County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,600 | $19,601 - $32,700 | $32,701 - $52,300 | Greater than $52,300 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for La Crosse County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Lafayette County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Lafayette County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Langlade County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Langlade County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Lincoln County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,150 | $18,151 - $30,250 | $30,251 - $48,350 | Greater than $48,350 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Lincoln County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Manitowoc County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,950 | $17,951 - $29,900 | $29,901 - $47,850 | Greater than $47,850 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Manitowoc County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Marathon County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,500 | $19,501 - $32,450 | $32,451 - $51,950 | Greater than $51,950 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Marathon County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Marinette County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Marinette County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Marquette County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Marquette County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Menominee County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Menominee County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Milwaukee County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $21,000 | $21,001 - $35,000 | $35,001 - $55,950 | Greater than $55,950 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Milwaukee County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Monroe County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,100 | $18,101 - $30,100 | $30,101 - $48,200 | Greater than $48,200 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Monroe County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Oconto County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Oconto County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Oneida County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,000 | $18,001 - $30,000 | $30,001 - $48,000 | Greater than $48,000 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Oneida County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Outagamie County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $21,300 | $21,301 - $35,500 | $35,501 - $56,750 | Greater than $56,750 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Outagamie County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Ozaukee County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $21,000 | $21,001 - $35,000 | $35,001 - $55,950 | Greater than $55,950 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Ozaukee County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Pepin County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,100 | $18,101 - $30,100 | $30,101 - $48,200 | Greater than $48,200 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Pepin County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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|  |
| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Pierce County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $26,100 | $26,101 - $43,500 | $43,501 - $66,300 | Greater than $66,300 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Pierce County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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|  |
| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Polk County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Polk County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Portage County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,300 | $19,301 - $32,200 | $32,201 - $51,450 | Greater than $51,450 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Portage County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Price County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Price County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Racine County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,200 | $19,201 - $32,000 | $32,001 - $51,200 | Greater than $51,200 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Racine County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Richland County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Richland County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Rock County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,150 | $18,151 - $30,250 | $30,251 - $48,350 | Greater than $48,350 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Rock County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Rusk County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Rusk County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 St. Croix County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $26,100 | $26,101 - $43,500 | $43,501 - $66,300 | Greater than $66,300 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for St. Croix County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Sauk County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,300 | $18,301 - $30,450 | $30,451 - $48,750 | Greater than $48,750 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Sauk County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Sawyer County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Sawyer County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Shawano County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Shawano County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Sheboygan County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,850 | $18,851 - $31,400 | $31,401 - $50,200 | Greater than $50,200 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Sheboygan County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Taylor County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Taylor County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Trempealeau County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,150 | $18,151 - $30,250 | $30,251 - $48,350 | Greater than $48,350 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Trempealeau County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Vernon County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Vernon County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Vilas County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Vilas County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Walworth County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $19,600 | $19,601 - $32,650 | $32,651 - $52,200 | Greater than $52,200 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Walworth County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Washburn County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Washburn County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Washington County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $21,000 | $21,001 - $35,000 | $35,001 - $55,950 | Greater than $55,950 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Washington County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Waukesha County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $21,000 | $21,001 - $35,000 | $35,001 - $55,950 | Greater than $55,950 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Waukesha County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Waupaca County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,150 | $18,151 - $30,250 | $30,251 - $48,350 | Greater than $48,350 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Waupaca County

|  |  |
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| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Waushara County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Waushara County

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| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Winnebago County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $18,900 | $18,901 - $31,500 | $31,501 - $50,400 | Greater than $50,400 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Winnebago County

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| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

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| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |

# 2023 Wood County

**STATE OF WISCONSIN COMMUNITY DEVELOPMENT BLOCK GRANT**

**CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

The Microenterprise/Business named above is collecting the following information as a result of participating in the U.S. Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus (CDBG-CV) Microenterprise Program. To meet federal regulations, the Microenterprise/Business is required to collect the data requested below from you. This information is reported to HUD and used by the U.S. Congress to measure the effectiveness of the program. ***Your cooperation helps make it possible for the local community to benefit from this grant program***. ***Your responses and personal information will be kept strictly confidential.***

**Please complete Parts 1 – 3 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: INDIVIDUAL INCOME** | | | |
| **FAMILY INCOME RANGE:** | | | |
| ***Check the box below that represents your annual Individual Income Range.*** *(Do not include the income of other family members in your household.)* | | | |
| **A** | **B** | **C** | **D** |
| $0 - $17,850 | $17,851 - $29,750 | $29,751 - $47,600 | Greater than $47,600 |

Source: [2023 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 06/15/2023*) for Wood County

|  |  |
| --- | --- |
| **PART 2: INDIVIDUAL RACE/ETHNICITY** | |
| **RACE CATEGORY:** | |
| ***Check the box below that best represents your race (select only one).*** | |
| **Single Race:** |  |
| White |  |  |
| Black/African American |  |
| Asian |  |
| American Indian/ Alaskan Native |  |
| Native Hawaiian/ Other Pacific Islander |  |
| Other |  |
|  |  |
| **Multi-Racial:** |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
|  |  |
| **HISPANIC STATUS:**  ***Check the box for “Yes” or “No” below to indicate whether you are Hispanic.*** | |
| **Are you Hispanic?**  **YES**  **NO** | |

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| **PART 3: EMPLOYEE CERTIFICATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *I certify that the information provided above is true and correct to the best of my knowledge.* (Print and Sign your name below and enter signature date.) | | | | |
|  |  |  |  | */ /* |
| Printed Name of Employee |  | Signature |  | Date |