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

*Revised 05/01/2024  
(Based on FY2024* [*HUD CDBG Income Limits*](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) *effective 05/01/2024)*

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).

**TABLE OF CONTENTS**

[**2024 Adams County**](#_Toc165545893)

[**2024 Ashland County**](#_Toc165545894)

[**2024 Barron County**](#_Toc165545895)

[**2024 Bayfield County**](#_Toc165545896)

[**2024 Brown County**](#_Toc165545897)

[**2024 Buffalo County**](#_Toc165545898)

[**2024 Burnett County**](#_Toc165545899)

[**2024 Calumet County**](#_Toc165545900)

[**2024 Chippewa County**](#_Toc165545901)

[**2024 Clark County**](#_Toc165545902)

[**2024 Columbia County**](#_Toc165545903)

[**2024 Crawford County**](#_Toc165545904)

[**2024 Dane County**](#_Toc165545905)

[**2024 Dodge County**](#_Toc165545906)

[**2024 Door County**](#_Toc165545907)

[**2024 Douglas County**](#_Toc165545908)

[**2024 Dunn County**](#_Toc165545909)

[**2024 Eau Claire County**](#_Toc165545910)

[**2024 Florence County**](#_Toc165545911)

[**2024 Fond du Lac County**](#_Toc165545912)

[**2024 Forest County**](#_Toc165545913)

[**2024 Grant County**](#_Toc165545914)

[**2024 Green County**](#_Toc165545915)

[**2024 Green Lake County**](#_Toc165545916)

[**2024 Iowa County**](#_Toc165545917)

[**2024 Iron County**](#_Toc165545918)

[**2024 Jackson County**](#_Toc165545919)

[**2024 Jefferson County**](#_Toc165545920)

[**2024 Juneau County**](#_Toc165545921)

[**2024 Kenosha County**](#_Toc165545922)

[**2024 Kewaunee County**](#_Toc165545923)

[**2024 La Crosse County**](#_Toc165545924)

[**2024 Lafayette County**](#_Toc165545925)

[**2024 Langlade County**](#_Toc165545926)

[**2024 Lincoln County**](#_Toc165545927)

[**2024 Manitowoc County**](#_Toc165545928)

[**2024 Marathon County**](#_Toc165545929)

[**2024 Marinette County**](#_Toc165545930)

[**2024 Marquette County**](#_Toc165545931)

[**2024 Menominee County**](#_Toc165545932)

[**2024 Milwaukee County**](#_Toc165545933)

[**2024 Monroe County**](#_Toc165545934)

[**2024 Oconto County**](#_Toc165545935)

[**2024 Oneida County**](#_Toc165545936)

[**2024 Outagamie County**](#_Toc165545937)

[**2024 Ozaukee County**](#_Toc165545938)

[**2024 Pepin County**](#_Toc165545939)

[**2024 Pierce County**](#_Toc165545940)

[**2024 Polk County**](#_Toc165545941)

[**2024 Portage County**](#_Toc165545942)

[**2024 Price County**](#_Toc165545943)

[**2024 Racine County**](#_Toc165545944)

[**2024 Richland County**](#_Toc165545945)

[**2024 Rock County**](#_Toc165545946)

[**2024 Rusk County**](#_Toc165545947)

[**2024 St. Croix County**](#_Toc165545948)

[**2024 Sauk County**](#_Toc165545949)

[**2024 Sawyer County**](#_Toc165545950)

[**2024 Shawano County**](#_Toc165545951)

[**2024 Sheboygan County**](#_Toc165545952)

[**2024 Taylor County**](#_Toc165545953)

[**2024 Trempealeau County**](#_Toc165545954)

[**2024 Vernon County**](#_Toc165545955)

[**2024 Vilas County**](#_Toc165545956)

[**2024 Walworth County**](#_Toc165545957)

[**2024 Washburn County**](#_Toc165545958)

[**2024 Washington County**](#_Toc165545959)

[**2024 Waukesha County**](#_Toc165545960)

[**2024 Waupaca County**](#_Toc165545961)

[**2024 Waushara County**](#_Toc165545962)

[**2024 Winnebago County**](#_Toc165545963)

[**2024 Wood County**](#_Toc165545964)

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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 |

# 2024 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 - $20,600 | $20,601 - $34,300 | $34,301 - $54,900 | Greater than $54,900 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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 |

# 2024 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 - $21,850 | $21,851 - $36,400 | $36,401 - $58,250 | Greater than $58,250 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** | |

|  |
| --- |
|  |
| **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 |

# 2024 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 - $20,900 | $20,901 - $34,800 | $34,801 - $55,650 | Greater than $55,650 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,950 | $20,951 - $34,900 | $34,901 - $55,800 | Greater than $55,800 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $26,450 | $26,451 - $44,100 | $44,101 - $68,500 | Greater than $68,500 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $19,250 | $19,251 - $32,100 | $32,101 - $51,350 | Greater than $51,350 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $19,400 | $19,401 - $32,350 | $32,351 - $51,700 | Greater than $51,700 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,000 | $20,001 - $33,350 | $33,351 - $53,350 | Greater than $53,350 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $19,850 | $19,851 - $33,050 | $33,051 - $52,850 | Greater than $52,850 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,900 | $20,901 - $34,800 | $34,801 - $55,650 | Greater than $55,650 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,100 | $20,101 - $33,500 | $33,501 - $53,600 | Greater than $53,600 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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.**

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| --- | --- | --- | --- |
| **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 - $18,550 | $18,551 - $30,950 | $30,951 - $49,500 | Greater than $49,500 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,600 | $20,601 - $34,300 | $34,301 - $54,900 | Greater than $54,900 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $22,150 | $22,151 - $36,900 | $36,901 - $59,000 | Greater than $59,000 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) for Iowa 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $21,100 | $21,101 - $35,150 | $35,151 - $56,250 | Greater than $56,250 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,550 | $20,551 - $34,250 | $34,251 - $54,800 | Greater than $54,800 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,600 | $20,601 - $34,300 | $34,301 - $54,900 | Greater than $54,900 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,650 | $20,651 - $34,450 | $34,451 - $55,100 | Greater than $55,100 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,400 | $18,401 - $30,650 | $30,651 - $49,000 | Greater than $49,000 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $19,050 | $19,051 - $31,750 | $31,751 - $50,750 | Greater than $50,750 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $19,950 | $19,951 - $33,200 | $33,201 - $53,100 | Greater than $53,100 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $21,500 | $21,501 - $35,750 | $35,751 - $57,200 | Greater than $57,200 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $19,650 | $19,651 - $32,700 | $32,701 - $52,350 | Greater than $52,350 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $18,750 | $18,751 - $31,250 | $31,251 - $49,950 | Greater than $49,950 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $21,850 | $21,851 - $36,400 | $36,401 - $58,250 | Greater than $58,250 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $21,500 | $21,501 - $35,750 | $35,751 - $57,200 | Greater than $57,200 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,700 | $18,701 - $31,150 | $31,151 - $49,850 | Greater than $49,850 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $68,500 | Greater than $68,500 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $19,350 | $19,351 - $32,200 | $32,201 - $51,550 | Greater than $51,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

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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 |

# 2024 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 - $20,850 | $20,851 - $34,700 | $34,701 - $55,550 | Greater than $55,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,450 | $20,451 - $34,100 | $34,101 - $54,500 | Greater than $54,500 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $68,500 | Greater than $68,500 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $20,100 | $20,101 - $33,450 | $33,451 - $53,600 | Greater than $53,600 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,250 | $18,251 - $30,400 | $30,401 - $48,650 | Greater than $48,650 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $19,150 | $19,151 - $31,900 | $31,901 - $51,050 | Greater than $51,050 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,550 | $18,551 - $30,950 | $30,951 - $49,500 | Greater than $49,500 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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 |

# 2024 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 - $21,250 | $21,251 - $35,450 | $35,451 - $56,700 | Greater than $56,700 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $21,500 | $21,501 - $35,750 | $35,751 - $57,200 | Greater than $57,200 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $21,500 | $21,501 - $35,750 | $35,751 - $57,200 | Greater than $57,200 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,800 | $18,801 - $31,350 | $31,351 - $50,150 | Greater than $50,150 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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.**

|  |  |  |  |
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| **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 - $20,800 | $20,801 - $34,650 | $34,651 - $55,400 | Greater than $55,400 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |

# 2024 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.**

|  |  |  |  |
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| **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 - $18,200 | $18,201 - $30,350 | $30,351 - $48,550 | Greater than $48,550 |

Source: [2024 HUD CDBG Income Limits](https://www.hudexchange.info/resource/5334/cdbg-income-limits/) (*effective 05/01/2024*) 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 |