2021 CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION FORMS

***TABLE OF CONTENTS***

Directions: Press the “**CTRL**” key on the computer keyboard and click on a county name below

to automatically advance to the *CV Microenterprise Employee Self Certification Form* for that county.

2021 ADAMS COUNTY

2021 Ashland County

2021 Barron County

2021 Bayfield County

2021 Brown County

2021 Buffalo County

2021 Burnett County

2021 Calumet County

2021 Chippewa County

2021 Clark County

2021 Columbia County

2021 Crawford County

2021 Dane County

2021 Dodge County

2021 Door County

2021 Douglas County

2021 Dunn County

2021 Eau Claire County

2021 Florence County

2021 Fond du Lac County

2021 Forest County

2021 Grant County

2021 Green County

2021 Green Lake County

2021 Iowa County

2021 Iron County

2021 Jackson County

2021 Jefferson County

2021 Juneau County

2021 Kenosha County

2021 Kewaunee County

2021 La Crosse County

2021 Lafayette County

2021 Langlade County

2021 Lincoln County

2021 Manitowoc County

2021 Marathon County

2021 Marinette County

2021 Marquette County

2021 Menominee County

2021 Milwaukee County

2021 Monroe County

2021 Oconto County

2021 Oneida County

2021 Outagamie County

2021 Ozaukee County

2021 Pepin County

2021 Pierce County

2021 Polk County

2021 Portage County

2021 Price County

2021 Racine County

2021 Richland County

2021 Rock County

2021 Rusk County

2021 St. Croix County

2021 Sauk County

2021 Sawyer County

2021 Shawano County

2021 Sheboygan County

2021 Taylor County

2021 Trempealeau County

2021 Vernon County

2021 Vilas County

2021 Walworth County

2021 Washburn County

2021 Washington County

2021 Waukesha County

2021 Waupaca County

2021 Waushara County

2021 Winnebago County

2021 Wood County

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# **2021 ADAMS COUNTY**

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Adams County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Ashland County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Ashland County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Barron County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Barron County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Bayfield County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Bayfield County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Brown County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,950 | $16,951 - $28,250 | | $28,251 - $45,200 | \_\_\_\_\_Greater than $45,200 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Brown County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Buffalo County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

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1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Buffalo County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Burnett County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Burnett County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Calumet County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $18,000 | $18,001 - $30,000 | | $30,001 - $47,950 | \_\_\_\_\_Greater than $47,950 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Calumet County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Chippewa County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,800 | $16,801 - $28,000 | | $28,001 - $44,800 | \_\_\_\_\_Greater than $44,800 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Chippewa County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Clark County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Clark County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Columbia County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $17,500 | $17,501 - $29,150 | | $29,151 - $46,600 | \_\_\_\_\_Greater than $46,600 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Columbia County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Crawford County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Crawford County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Dane County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $21,700 | $21,701 - $36,100 | | $36,101 - $55,950 | \_\_\_\_\_Greater than $55,950 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Dane County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Dodge County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,350 | $16,351 - $27,300 | | $27,301 - $43,650 | \_\_\_\_\_Greater than $43,650 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Dodge County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Door County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,550 | $15,551 - $25,900 | | $25,901 - $41,450 | \_\_\_\_\_Greater than $41,450 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Door County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Douglas County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,050 | $16,051 - $26,750 | | $26,751 - $42,750 | \_\_\_\_\_Greater than $42,750 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Douglas County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Dunn County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,550 | $15,551 - $25,850 | | $25,851 - $41,350 | \_\_\_\_\_Greater than $41,350 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Dunn County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Eau Claire County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,800 | $16,801 - $28,000 | | $28,001 - $44,800 | \_\_\_\_\_Greater than $44,800 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Eau Claire County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Florence County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Florence County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Fond du Lac County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,850 | $15,851 - $26,400 | | $26,401 - $42,200 | \_\_\_\_\_Greater than $42,200 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Fond du Lac County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Forest County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Forest County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Grant County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Grant County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Green County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,950 | $16,951 - $28,250 | | $28,251 - $45,200 | \_\_\_\_\_Greater than $45,200 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Green County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Green Lake County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Green Lake County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Iowa County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $17,150 | $17,151 - $28,550 | | $28,551 - $45,650 | \_\_\_\_\_Greater than $45,650 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Iowa County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Iron County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Iron County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Jackson County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Jackson County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Jefferson County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,600 | $16,601 - $27,600 | | $27,601 - $44,150 | \_\_\_\_\_Greater than $44,150 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Jefferson County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Juneau County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Juneau County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Kenosha County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $17,150 | $17,151 - $28,550 | | $28,551 - $45,650 | \_\_\_\_\_Greater than $45,650 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Kenosha County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Kewaunee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,950 | $16,951 - $28,250 | | $28,251 - $45,200 | \_\_\_\_\_Greater than $45,200 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Kewaunee County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 La Crosse County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,950 | $16,951 - $28,250 | | $28,251 - $45,150 | \_\_\_\_\_Greater than $45,150 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for La Crosse County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Lafayette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Lafayette County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Langlade County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Langlade County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Lincoln County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,400 | $15,401 - $25,650 | | $25,651 - $41,000 | \_\_\_\_\_Greater than $41,000 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Lincoln County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Manitowoc County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,200 | $15,201 - $25,300 | | $25,301 - $40,450 | \_\_\_\_\_Greater than $40,450 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Manitowoc County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Marathon County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,700 | $16,701 - $27,800 | | $27,801 - $44,450 | \_\_\_\_\_Greater than $44,450 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Marathon County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Marinette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Marinette County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Marquette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Marquette County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Menominee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Menominee County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Milwaukee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $17,750 | $17,751 - $29,550 | | $29,551 - $47,250 | \_\_\_\_\_Greater than $47,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Milwaukee County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Monroe County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,400 | $15,401 - $25,650 | | $25,651 - $41,000 | \_\_\_\_\_Greater than $41,000 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Monroe County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Oconto County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Oconto County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Oneida County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,200 | $15,201 - $25,350 | | $25,351 - $40,550 | \_\_\_\_\_Greater than $40,550 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Oneida County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Outagamie County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $18,000 | $18,001 - $30,000 | | $30,001 - $47,950 | \_\_\_\_\_Greater than $47,950 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Outagamie County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Ozaukee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $17,750 | $17,751 - $29,550 | | $29,551 - $47,250 | \_\_\_\_\_Greater than $47,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Ozaukee County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Pepin County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,300 | $15,301 - $25,450 | | $25,451 - $40,750 | \_\_\_\_\_Greater than $40,750 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Pepin County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Pierce County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $22,050 | $22,051 - $36,750 | | $36,751 - $55,950 | \_\_\_\_\_Greater than $55,950 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Pierce County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Polk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Polk County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Portage County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,050 | \_\_\_\_\_Greater than $45,050 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Portage County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Price County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Price County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Racine County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,250 | $16,251 - $27,050 | | $27,051 - $43,250 | \_\_\_\_\_Greater than $43,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Racine County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Richland County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Richland County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Rock County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,350 | $15,351 - $25,550 | | $25,551 - $40,900 | \_\_\_\_\_Greater than $40,900 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Rock County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Rusk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Rusk County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 St. Croix County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $22,050 | $22,051 - $36,750 | | $36,751 - $55,950 | \_\_\_\_\_Greater than $55,950 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for St. Croix County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Sauk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,800 | $15,801 - $26,300 | | $26,301 - $42,100 | \_\_\_\_\_Greater than $42,100 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Sauk County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Sawyer County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Sawyer County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Shawano County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Shawano County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Sheboygan County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,200 | $16,201 - $26,950 | | $26,951 - $43,150 | \_\_\_\_\_Greater than $43,150 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Sheboygan County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Taylor County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Taylor County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Trempealeau County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,400 | $15,401 - $25,700 | | $25,701 - $41,100 | \_\_\_\_\_Greater than $41,100 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Trempealeau County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Vernon County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Vernon County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Vilas County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Vilas County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Walworth County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,550 | $16,551 - $27,550 | | $27,551 - $44,100 | \_\_\_\_\_Greater than $44,100 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Walworth County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Washburn County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Washburn County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Washington County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $17,750 | $17,751 - $29,550 | | $29,551 - $47,250 | \_\_\_\_\_Greater than $47,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Washington County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Waukesha County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $17,750 | $17,751 - $29,550 | | $29,551 - $47,250 | \_\_\_\_\_Greater than $47,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Waukesha County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Waupaca County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,650 | $15,651 - $26,050 | | $26,051 - $41,650 | \_\_\_\_\_Greater than $41,650 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Waupaca County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Waushara County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Waushara County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Winnebago County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,300 | $16,301 - $27,150 | | $27,151 - $43,400 | \_\_\_\_\_Greater than $43,400 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Winnebago County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date

UGLG Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2021 Wood County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. ***It is only through your cooperation that your community can benefit from this federal program***.

**INSTRUCTIONS:**

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate your current individual income in the following table:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,100 | $15,101 - $25,150 | | $25,151 - $40,250 | \_\_\_\_\_Greater than $40,250 | |

Source: 2021 HUD low-moderate income level limits (effective 04/01/2021-04/17/2022) for Wood County

1. **Please check the box(es) that identify your race.**

|  |  |
| --- | --- |
| Single Race: | Multi-Racial Identifiers: |
| White | American Indian/Alaskan Native and White |
| Black/African American | Asian and White |
| Asian | Black/African American and White |
| American Indian/Alaskan Native | American Indian/Alaskan Native and African/American |
| Native Hawaiian/Other Pacific Islander | Other Multi-Racial |
| Other |  |

1. **Please answer these questions:**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |
|  |  |  |

*I certify that the information provided above is correct to the best of my knowledge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name Signature Date