**2022 CDBG-CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION FORMS (9-P)**

*(Revised 9/15/2022)  
(Based on FY2022 HUD CDBG Income Limits effective 06/15/2022)*

Instructions: This document includes the *Microenterprise Employee Self Certification* form for each Wisconsin county as listed below.

1. Press the “**CTRL**” key on the computer keyboard and click on a county name below in the *Table of Contents* to advance to the *CV Microenterprise Employee Self Certification* form for the applicable county; or scroll through the document to the applicable county. The forms appear in alphabetical order by county within this document.
2. Fill in the UGLG Name and Business Name fields in the page ‘header’ of the form and the Business Name in the first paragraph at the top of the form
3. Print the applicable county page and provide the form to employees to complete. The form is to be completed and signed by the Owner (for their county of residence) and submitted with the CV Grantee’s *Semi-Annual CV Microenterprise Report* to DEHCR.

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# **2022 ADAMS 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,950 | $18,951 - $31,600 | | $31,601 - $50,550 | \_\_\_\_\_Greater than $50,550 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $20,100 | $20,101 - $33,500 | | $33,501 - $53,600 | \_\_\_\_\_Greater than $53,600 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,800 | $18,801 - $31,350 | | $31,351 - $50,150 | \_\_\_\_\_Greater than $50,150 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $19,450 | $19,451 - $32,400 | | $32,401 - $51,800 | \_\_\_\_\_Greater than $51,800 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $24,250 | $24,251 - $40,400 | | $40,401 - $62,600 | \_\_\_\_\_Greater than $62,600 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,300 | $17,301 - $28,850 | | $28,851 - $46,100 | \_\_\_\_\_Greater than $46,100 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,950 | $17,951 - $29,900 | | $29,901 - $47,800 | \_\_\_\_\_Greater than $47,800 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,300 | $17,301 - $28,750 | | $28,751 - $46,000 | \_\_\_\_\_Greater than $46,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,800 | $18,801 - $31,350 | | $31,351 - $50,150 | \_\_\_\_\_Greater than $50,150 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,700 | $17,701 - $29,500 | | $29,501 - $47,150 | \_\_\_\_\_Greater than $47,150 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,700 | $18,701 - $31,100 | | $31,101 - $49,750 | \_\_\_\_\_Greater than $49,750 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $19,050 | $19,051 - $31,700 | | $31,701 - $50,700 | \_\_\_\_\_Greater than $50,700 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,550 | $18,551 - $30,850 | | $30,851 - $49,350 | \_\_\_\_\_Greater than $49,350 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,800 | $18,801 - $31,350 | | $31,351 - $50,150 | \_\_\_\_\_Greater than $50,150 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,950 | $18,951 - $31,600 | | $31,601 - $50,550 | \_\_\_\_\_Greater than $50,550 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,950 | $18,951 - $31,550 | | $31,551 - $50,500 | \_\_\_\_\_Greater than $50,500 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,450 | $18,451 - $30,700 | | $30,701 - $49,100 | \_\_\_\_\_Greater than $49,100 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,050 | $17,051 - $28,350 | | $28,351 - $45,350 | \_\_\_\_\_Greater than $45,350 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $20,100 | $20,101 - $33,500 | | $33,501 - $53,600 | \_\_\_\_\_Greater than $53,600 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,100 | $17,101 - $28,500 | | $28,501 - $45,550 | \_\_\_\_\_Greater than $45,550 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $24,650 | $24,651 - $41,100 | | $41,101 - $62,600 | \_\_\_\_\_Greater than $62,600 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,900 | $18,901 - $31,500 | | $31,501 - $50,350 | \_\_\_\_\_Greater than $50,350 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,150 | $18,151 - $30,250 | | $30,251 - $48,350 | \_\_\_\_\_Greater than $48,350 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $24,650 | $24,651 - $41,100 | | $41,101 - $62,600 | \_\_\_\_\_Greater than $62,600 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,300 | $17,301 - $28,800 | | $28,801 - $46,050 | \_\_\_\_\_Greater than $46,050 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $17,800 | $17,801 - $29,650 | | $29,651 - $47,400 | \_\_\_\_\_Greater than $47,400 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $18,500 | $18,501 - $30,800 | | $30,801 - $49,300 | \_\_\_\_\_Greater than $49,300 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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** |
| 1 | $0 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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** |
| 1 | $0 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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** |
| 1 | $0 - $17,150 | $17,151 - $28,550 | | $28,551 - $45,650 | \_\_\_\_\_Greater than $45,650 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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** |
| 1 | $0 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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** |
| 1 | $0 - $17,850 | $17,851 - $29,750 | | $29,751 - $47,600 | \_\_\_\_\_Greater than $47,600 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date

# 2022 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 confidential. Individual personal identifying information is not released to the public. ***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** |
| 1 | $0 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: FY2022 HUD CDBG Income Limits (effective 06/15/2022) 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 true and correct to the best of my knowledge.*

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

Printed Name Signature Date