2021 CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION FORMS

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2021 Winnebago County

2021 Wood County

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# **2021 ADAMS COUNTY**

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

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

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Adams County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Ashland County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Ashland County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Barron County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

Source: 2021 HUD low-moderate income level limits for Barron County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Bayfield County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Bayfield County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Brown County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

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

Source: 2021 HUD low-moderate income level limits for Brown County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Buffalo County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

Source: 2021 HUD low-moderate income level limits for Buffalo County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Burnett County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Burnett County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Calumet County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Calumet County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Chippewa County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Chippewa County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Clark County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

Source: 2021 HUD low-moderate income level limits for Clark County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Columbia County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Columbia County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Crawford County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Crawford County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Dane County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Dane County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Dodge County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Dodge County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Door County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Door County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Douglas County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Douglas County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Dunn County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Dunn County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Eau Claire County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Eau Claire County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Florence County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Florence County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Fond du Lac County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Fond du Lac County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Forest County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Forest County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Grant County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Grant County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Green County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Green County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Green Lake County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Green Lake County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Iowa County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Iowa County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Iron County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Iron County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Jackson County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Jackson County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Jefferson County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Jefferson County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Juneau County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Juneau County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Kenosha County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Kenosha County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Kewaunee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Kewaunee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 La Crosse County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for La Crosse County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Lafayette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Lafayette County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Langlade County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Langlade County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Lincoln County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Lincoln County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Manitowoc County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Manitowoc County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Marathon County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Marathon County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Marinette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Marinette County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Marquette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Marquette County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Menominee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Menominee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Milwaukee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Milwaukee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Monroe County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Monroe County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Oconto County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Oconto County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Oneida County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Oneida County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Outagamie County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Outagamie County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Ozaukee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Ozaukee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Pepin County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Pepin County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Pierce County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Pierce County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Polk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Polk County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Portage County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Portage County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Price County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Price County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Racine County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Racine County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Richland County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Richland County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Rock County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Rock County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Rusk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Rusk County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 St. Croix County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for St. Croix County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Sauk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Sauk County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Sawyer County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Sawyer County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Shawano County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Shawano County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Sheboygan County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Sheboygan County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Taylor County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Taylor County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Trempealeau County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Trempealeau County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Vernon County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Vernon County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Vilas County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Vilas County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Walworth County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Walworth County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Washburn County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Washburn County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Washington County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Washington County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Waukesha County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Waukesha County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Waupaca County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $15,650 | $15,651 - $26,050 | | $26,051 - $41,650 | \_\_\_\_\_Greater than $41,650 | |

Source: 2021 HUD low-moderate income level limits for Waupaca County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Waushara County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Waushara County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Winnebago County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

**INSTRUCTIONS:**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,300 | $16,301 - $27,150 | | $27,151 - $43,400 | \_\_\_\_\_Greater than $43,400 | |

Source: 2021 HUD low-moderate income level limits for Winnebago County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2021 Wood County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

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**INSTRUCTIONS:**

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

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

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

Source: 2021 HUD low-moderate income level limits for Wood County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date