2022 CV MICROENTERPRISE EMPLOYEE SELF CERTIFICATION FORMS

***TABLE OF CONTENTS***

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

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

2022 ADAMS COUNTY

2022 Ashland County

2022 Barron County

2022 Bayfield County

2022 Brown County

2022 Buffalo County

2022 Burnett County

2022 Calumet County

2022 Chippewa County

2022 Clark County

2022 Columbia County

2022 Crawford County

2022 Dane County

2022 Dodge County

2022 Door County

2022 Douglas County

2022 Dunn County

2022 Eau Claire County

2022 Florence County

2022 Fond du Lac County

2022 Forest County

2022 Grant County

2022 Green County

2022 Green Lake County

2022 Iowa County

2022 Iron County

2022 Jackson County

2022 Jefferson County

2022 Juneau County

2022 Kenosha County

2022 Kewaunee County

2022 La Crosse County

2022 Lafayette County

2022 Langlade County

2022 Lincoln County

2022 Manitowoc County

2022 Marathon County

2022 Marinette County

2022 Marquette County

2022 Menominee County

2022 Milwaukee County

2022 Monroe County

2022 Oconto County

2022 Oneida County

2022 Outagamie County

2022 Ozaukee County

2022 Pepin County

2022 Pierce County

2022 Polk County

2022 Portage County

2022 Price County

2022 Racine County

2022 Richland County

2022 Rock County

2022 Rusk County

2022 St. Croix County

2022 Sauk County

2022 Sawyer County

2022 Shawano County

2022 Sheboygan County

2022 Taylor County

2022 Trempealeau County

2022 Vernon County

2022 Vilas County

2022 Walworth County

2022 Washburn County

2022 Washington County

2022 Waukesha County

2022 Waupaca County

2022 Waushara County

2022 Winnebago County

2022 Wood County

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# **2022 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 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Adams County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Ashland County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Ashland County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Barron County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Barron County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Bayfield County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Bayfield County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Brown County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $18,950 | $18,951 - $31,600 | | $31,601 - $50,550 | \_\_\_\_\_Greater than $50,550 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Brown County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Buffalo County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **INDIVIDUAL INCOME CATEGORY** | | | | | |
| **Please check your individual income (not including income of other household members).** | | | | | |
| **A** | **B** | **C** | | | **D** |
|  | $0 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Buffalo County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Burnett County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Burnett County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Calumet County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $20,100 | $20,101 - $33,500 | | $33,501 - $53,600 | \_\_\_\_\_Greater than $53,600 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Calumet County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Chippewa County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,800 | $18,801 - $31,350 | | $31,351 - $50,150 | \_\_\_\_\_Greater than $50,150 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Chippewa County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Clark County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Clark County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Columbia County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $19,450 | $19,451 - $32,400 | | $32,401 - $51,800 | \_\_\_\_\_Greater than $51,800 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Columbia County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Crawford County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Crawford County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Dane County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $24,250 | $24,251 - $40,400 | | $40,401 - $62,600 | \_\_\_\_\_Greater than $62,600 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Dane County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Dodge County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Dodge County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Door County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,300 | $17,301 - $28,850 | | $28,851 - $46,100 | \_\_\_\_\_Greater than $46,100 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Door County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Douglas County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,950 | $17,951 - $29,900 | | $29,901 - $47,800 | \_\_\_\_\_Greater than $47,800 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Douglas County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Dunn County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,300 | $17,301 - $28,750 | | $28,751 - $46,000 | \_\_\_\_\_Greater than $46,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Dunn County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Eau Claire County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,800 | $18,801 - $31,350 | | $31,351 - $50,150 | \_\_\_\_\_Greater than $50,150 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Eau Claire County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Florence County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Florence County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Fond du Lac County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,700 | $17,701 - $29,500 | | $29,501 - $47,150 | \_\_\_\_\_Greater than $47,150 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Fond du Lac County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Forest County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Forest County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Grant County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Grant County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Green County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,700 | $18,701 - $31,100 | | $31,101 - $49,750 | \_\_\_\_\_Greater than $49,750 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Green County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Green Lake County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Green Lake County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Iowa County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $19,050 | $19,051 - $31,700 | | $31,701 - $50,700 | \_\_\_\_\_Greater than $50,700 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Iowa County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Iron County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Iron County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Jackson County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Jackson County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Jefferson County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,550 | $18,551 - $30,850 | | $30,851 - $49,350 | \_\_\_\_\_Greater than $49,350 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Jefferson County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Juneau County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Juneau County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Kenosha County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,800 | $18,801 - $31,350 | | $31,351 - $50,150 | \_\_\_\_\_Greater than $50,150 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Kenosha County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Kewaunee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,950 | $18,951 - $31,600 | | $31,601 - $50,550 | \_\_\_\_\_Greater than $50,550 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Kewaunee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 La Crosse County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,950 | $18,951 - $31,550 | | $31,551 - $50,500 | \_\_\_\_\_Greater than $50,500 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for La Crosse County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Lafayette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Lafayette County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Langlade County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Langlade County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Lincoln County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Lincoln County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Manitowoc County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Manitowoc County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Marathon County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,450 | $18,451 - $30,700 | | $30,701 - $49,100 | \_\_\_\_\_Greater than $49,100 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Marathon County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Marinette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Marinette County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Marquette County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Marquette County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Menominee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Menominee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Milwaukee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Milwaukee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Monroe County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Monroe County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Oconto County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Oconto County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Oneida County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,050 | $17,051 - $28,350 | | $28,351 - $45,350 | \_\_\_\_\_Greater than $45,350 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Oneida County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Outagamie County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $20,100 | $20,101 - $33,500 | | $33,501 - $53,600 | \_\_\_\_\_Greater than $53,600 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Outagamie County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Ozaukee County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Ozaukee County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Pepin County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,100 | $17,101 - $28,500 | | $28,501 - $45,550 | \_\_\_\_\_Greater than $45,550 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Pepin County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Pierce County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $24,650 | $24,651 - $41,100 | | $41,101 - $62,600 | \_\_\_\_\_Greater than $62,600 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Pierce County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Polk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Polk County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Portage County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,900 | $18,901 - $31,500 | | $31,501 - $50,350 | \_\_\_\_\_Greater than $50,350 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Portage County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Price County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Price County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Racine County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,150 | $18,151 - $30,250 | | $30,251 - $48,350 | \_\_\_\_\_Greater than $48,350 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Racine County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Richland County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Richland County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Rock County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Rock County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Rusk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Rusk County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 St. Croix County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $24,650 | $24,651 - $41,100 | | $41,101 - $62,600 | \_\_\_\_\_Greater than $62,600 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for St. Croix County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Sauk County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,300 | $17,301 - $28,800 | | $28,801 - $46,050 | \_\_\_\_\_Greater than $46,050 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Sauk County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Sawyer County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Sawyer County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Shawano County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Shawano County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Sheboygan County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $17,800 | $17,801 - $29,650 | | $29,651 - $47,400 | \_\_\_\_\_Greater than $47,400 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Sheboygan County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Taylor County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Taylor County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Trempealeau County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Trempealeau County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Vernon County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Vernon County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Vilas County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Vilas County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Walworth County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $18,500 | $18,501 - $30,800 | | $30,801 - $49,300 | \_\_\_\_\_Greater than $49,300 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Walworth County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Washburn County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Washburn County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Washington County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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** |
| 1 | $0 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Washington County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Waukesha County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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** |
| 1 | $0 - $19,850 | $19,851 - $33,050 | | $33,051 - $52,850 | \_\_\_\_\_Greater than $52,850 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Waukesha County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Waupaca County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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** |
| 1 | $0 - $17,150 | $17,151 - $28,550 | | $28,551 - $45,650 | \_\_\_\_\_Greater than $45,650 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Waupaca County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Waushara County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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** |
| 1 | $0 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Waushara County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Winnebago County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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** |
| 1 | $0 - $17,850 | $17,851 - $29,750 | | $29,751 - $47,600 | \_\_\_\_\_Greater than $47,600 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Winnebago County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date

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

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

# 2022 Wood County

**STATE OF WISCONSIN**

**CORONAVIRUS (CV) GRANT PROGRAM**

**MICROENTERPRISE EMPLOYEE SELF CERTIFICATION**

Dear Employee:

*(Enter Business name)* is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, (*Enter Business Name)* is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept 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** |
| 1 | $0 - $16,900 | $16,901 - $28,150 | | $28,151 - $45,000 | \_\_\_\_\_Greater than $45,000 | |

Source: 2022 HUD low-moderate income level limits (effective 04/18/2022) for Wood County

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

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

1. **Please answer these questions:**

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

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

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

Printed Name Signature Date