



# CITY OF SONORA

## MICROENTERPRISE TECHNICAL ASSISTANCE PROGRAM APPLICATION (Section I- Confidential)

APPLICANT INFORMATION		
Name:		Date:
Date of birth:	SSN:	Phone:
Current Mailing Address:		Drivers License #:
City:	State:	ZIP Code:
What is Your Physical Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email:
CO-APPLICANT INFORMATION		
Name:		Date:
Date of birth:	SSN:	Phone:
Current Mailing Address:		Drivers License #:
City:	State:	Zip Code:
What is Your Physical Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email:
BUSINESS INFORMATION		
Is Technical Assistance for a start-up business or an existing business? <input type="checkbox"/> Start-Up <input type="checkbox"/> Existing Business		
If you have an existing business how long have you been in business?   _____ months   _____ years		
Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the physical address of the business? _____		
Current number of full-time or part-time employees including yourself and family? _____		
Are you currently working for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, for whom? _____		
How long? _____ # of Hours worked per month? _____		
DEMOGRAPHIC DATA		
<b><u>RACE</u> (select 1 most applicable)</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> American Indian/Alaska Native & Black or African American <input type="checkbox"/> Other Multi-Racial	<b><u>ETHNICITY</u> (select 1)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  <b>AGE</b> <input type="checkbox"/> 0 to 18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65 and over	
Are you a veteran of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a disability which is defined as being diagnosed as having physical, mental, emotional or learning impairment which substantially limits one or more of your major life activities (such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing or working)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**INCOME ELIGIBILITY**

Enter all household member name(s) date(s) of birth, and member's estimated gross annual income below. List all current family income and estimate income for the next 12 months.

Household Name: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_

**You will be required to complete a separate Income Self-Certification Form for Microenterprise Technical Assistance and Support Services**

HOUSEHOLD MEMBER NAME	DATE OF BIRTH	ESTIMATED GROSS ANNUAL INCOME

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THE AMOUNT OF GROSS INCOME LISTED ABOVE INCLUDES THE INCOME (INCLUDING INCOME FROM ASSETS) OF ALL ADULTS WITHIN THE HOUSEHOLD. I AM AWARE THAT THERE ARE PENALTIES FOR WILLFULLY AND KNOWINGLY GIVING FALSE INFORMATION ON AN APPLICATION FOR FEDERAL OR STATE FUNDS. PENALTIES FOR FALSIFYING INFORMATION MAY INCLUDE IMMEDIATE REPAYMENT OF ALL FEDERAL OR STATE FUNDS RECEIVED ANND/OR PROSECUTION UNDER THE LAW. I UNDERSTAND THAT THE INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**CO-APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**PLEASE COMPLETE SECTION II ATTACHED**

FAMILY SIZE (2015 Income Limits Effective 6-1-15)								
INCOME LEVEL	1	2	3	4	5	6	7	8
Low Income (80%)	\$35,650	\$40,750	\$45,850	\$50,900	\$55,000	\$59,050	\$63,150	\$67,200
Very Low Income (50%)	\$22,300	\$25,450	\$28,650	\$31,800	\$34,350	\$36,900	\$39,450	\$42,000
Extremely Low Income (30%)	\$13,400	\$15,300	\$17,200	\$19,100	\$20,650	\$22,200	\$23,700	\$25,250

**CITY USE ONLY**

Income Source	Documents	Amount Per <input type="checkbox"/> Month <input type="checkbox"/> Year
<b>TOTALS</b>		
<input type="checkbox"/> Applicant meets income qualifications	<input type="checkbox"/> Applicant does not meet income qualifications	<input type="checkbox"/> Application is incomplete or needs additional documentation
<input type="checkbox"/> Received Applicant's Income Self Certification Form		<input type="checkbox"/> Received Applicant's DUNS # _____
<input type="checkbox"/> Received copy of two separate utility invoices for proof of residency or proof of business location inside City limits		
Verified by: _____		Date: _____