



**City of South Lake Tahoe
Development Services
1052 Tata Lane
South Lake Tahoe, CA 96150
(530) 542-6048
kperez@cityofslt.us**

**MICROENTERPRISE TECHNICAL ASSISTANCE APPLICATION
MICROENTERPRISE ASSISTANCE PROGRAM
*Business Coaching***

1. Applicant Names (s) _____

Physical Address _____

City: _____ **State** ____ **Zip:** _____

Mailing Address: _____

City: _____ **State** ____ **Zip:** _____

Date of Birth: (Applicant) _____ **Co-Applicant** _____

Married: Yes _____ No _____

Gender: Male _____ Female _____

Dependents: Number: _____ Ages: _____

Total Number of People in the Household: _____

Telephone: _____

Cellular: _____

Fax: _____

E-Mail: _____

Name of Business _____
(if established)

Business Address _____

- 2. All participants must have incomes at or below 80% of area median income [Targeted Income Group (TIG)] adjusted for family size, as defined by HUD each year, to participate in this program (see Attachment C for your reference).

Please complete the following (see attachment)

Attachment A: **Income Self Certification**
All income is required to be verified by the City of South Lake Tahoe.

Attachment B: **Ethnicity & Race Information (Optional)**

APPLICANT'S CERTIFICATION/AUTHORIZATION

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief.

I/We authorize the agency(s) to verify all information furnished in connection with this application.

I/We also acknowledge that this is an application for public funds and, therefore, the information provided may be made available for review. Applicant acknowledges and agrees that the name of the Business Applicant may be publicly mentioned from time to time in connection with the City's Entrepreneur Growth Program (EGP).

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

PLEASE FORWARD THIS APPLICATION TO:

City of South Lake Tahoe
Development Services
1052 Tata Lane
South Lake Tahoe, CA 96150
Phone: (530) 542-6048
Email To: kperez@cityofslt.us

Attachment A
INCOME SELF CERTIFICATION

Name (Nombre): _____

Address (Dirección): _____

Telephone (Teléfono): _____

Number of people in household (Número de personas en casa): _____

I certify that the gross annual income of my household is \$ _____ per year.

Certifico que los ingresos brutos anuales de mi casa son \$ _____ por año.

Source of Income (check all that apply):
Fuente de ingresos (indique todos):

Salary & Wages (<i>Sueldo</i>)	_____	VA Benefits (<i>Veterano</i>)	_____
Social Security (<i>Seguro Social</i>)	_____	Stocks, interest (<i>Acciones</i>)	_____
Pension/Retirement (<i>Pensión</i>)	_____	Other (<i>Otro</i>)	_____
Welfare/AFDC (<i>Asistencia Social</i>)	_____	_____	_____

I hereby certify under penalty of perjury that all information given is true and correct and that I will provide documentation of this income upon request.

Certifico bajo la pena de perjurio que toda la información provista es la verdad y correcta y que proveeré documentación de estos ingresos a pedido.

Signature (*Firma*): _____ Date (*Fecha*) _____

Printed Name (*Nombre con letra de molde*): _____

Attachment B

**Ethnicity & Race Data
 Collection Form**

U.S. Department of Housing
 and Urban Development
 Office of Housing

*Form can be copied for
 each member of the
 household.

Data Collection for: Applicant Tenant

This form is for the following Household Member:

(Print) Name: _____ Male Female

Age: under 18; 18-44 years; 45-64 years; 65 and over

Disability: Yes (if age 5 years and over) No (if age 5 years and over)

Select one of the following Ethnic Categories*	Check One
<i>Hispanic or Latino</i>	<input type="checkbox"/>
<i>Not-Hispanic or Latino</i>	<input type="checkbox"/>
Select all that apply – Racial categories	Check all that apply:
American Indian or 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	<input type="checkbox"/>
<u>Other</u> (check "other for any racial category that is not identified in one of the five single race categories listed above)	<input type="checkbox"/>

* **Definitions of these categories may be found on the next page.**

There is no penalty for persons who do not complete this form. Initial here if you choose not to disclose race and ethnicity information for the above Household Member: ▶ _____

Next sign and date below:

Signature of above Household Member

Date

Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. **Parents or guardians are to complete the self-certification for children under the age of 18.** This information is considered non-sensitive and does not require any special protection.

Instructions for Ethnicity and Race Data Collection

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owners and agents are required to offer the applicant / tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. **Parents or guardians are to complete the form for children under the age of 18.**

There is no penalty for persons who do not complete the form. If you choose not to disclose race or ethnicity, initial the refusal statement on the form, then sign and date the form at the bottom. All “completed” or “refused” forms for each member of the entire household must be kept together and placed in the household’s file.

1. The *two ethnic categories* you should choose from are defined below. **You should check one of the two categories.**

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The *five racial categories* to choose from are defined below: **You should check as many as apply to you.**

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

3. **“Other”** – You should check “other” for any racial category that is not identified in one of the five single race categories listed above.

Attachment C

2010 Income Limits

<u>Family Size</u>	<u>Income Limit</u>
One Person	\$40,950
Two Person	\$46,800
Three Person	\$52,650
Four Person	\$58,500
Five Person	\$63,200
Six Person	\$67,900
Seven Person	\$72,550
Eight Person	\$77,250