

Welcome to the Hannah Grimes Center!

1. **Full Name:** _____
2. **Your email:** _____ 3. **In what year were you born?:** _____
4. **Phone number (with area code):** _____ 5. **Would you like to join our newsletter?:** Y / N
6. **Are you starting a business or working on an existing one?** _____
7. **Business Name (if applicable):** _____ 8. **Year business started** _____
9. **Tell us about your business or idea:**
10. **Is your business/organization currently registered with a State?:** Y / N
11. **How did you hear about us?** _____
12. **Business address:**

I request business counseling assistance from the Hannah Grimes Center. I understand that any information disclosed will be held in strict confidence, and used only to verify that HGC is meeting the requirements of the grant program through which it is funded. (HGC will not provide your personal information to commercial entities.) I understand that the Center and its volunteers, Board, and associated professionals hold all disclosed business information in strict confidence at all times.

Signature: _____ **Date:** _____

Please fill out the following financial information to the best of your ability.

Estimates are acceptable! If you are just starting out, you do not need to complete the financial information.

Financials	Description	2021
Income	Income is the revenue of the business, or the total sales.	
Expense	Expenses are all expenses incurred by the business.	
Net profit	Net profit is revenue subtracted by <u>all</u> expenses	
Debt capital raised	Debt capital is any loan that is to be paid back in full at a future date.	
Equity capital raised	Equity capital is any money that has been invested by an outside investor for shares of the company.	
Personal equity invested	Personal equity is the amount of money you have invested as an owner of the business.	
Owner(s) draw	Owners draw is a withdrawal of cash or assets from a sole proprietorship. <i>Not</i> a salary.	
Staffing		
FT positions (including self)	FT positions are salaried and hourly employees (at 40hrs/wk) paid to work for your company.	
PT positions (including self)	PT positions are any employees paid to work 20 hours/wk at your company.	
Salaries and wages paid (\$)	Salaries and wages paid to all of the company's employees, including the owner's W-2. <i>Not</i> owner's draw.	
Business performance satisfaction	1 being the lowest, 10 being the highest	
Personal performance satisfaction	1 being the lowest, 10 being the highest	

As a recipient of services at the Hannah Grimes Center, you may be followed up with in future years to report on your progress and performance. You will not be added to any distribution list without your explicit permission.

New Hampshire Community Development Block Grant Program

Carroll County FAMILY INCOME VERIFICATION FORM – 2021

MUNICIPALITY: _____ BENEFICIARY NAME: _____
 PROJECT: _____ GRANT NUMBER: _____
 GRANT ADMINISTRATOR: _____

The following information is required to potentially apply for grant/loan funds for the Community Development Block Grant (CDBG) program. If you have any questions, please contact the grant administrator above. Your assistance in the completion of this form is greatly appreciated. It will be held in **strict confidence**, and used only to verify that we are meeting the requirements of the CDBG program.

Please complete both portions of the form that apply in Part I and Part II.

PART I **INCOME AND HOUSEHOLD DATA**

Please choose the row that represents your family size and circle the Income Category that best describes your family income. Family Adjusted gross income is defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes. This data is **required** by the CDBG program.

Number of Persons in Family	Income Category A	Income Category B	Income Category C	Income Category D
1	\$0 to \$17,950	\$17,951 to \$29,900	\$29,901 to \$47,800	\$47,801 +
2	\$0 to \$20,500	\$20,501 to \$34,150	\$34,151 to \$54,600	\$54,601 +
3	\$0 to \$23,050	\$23,051 to \$38,400	\$38,401 to \$61,450	\$61,451 +
4	\$0 to \$26,500	\$26,501 to \$42,650	\$42,651 to \$68,250	\$68,251 +
5	\$0 to \$31,040	\$31,041 to \$46,100	\$46,101 to \$73,750	\$73,751 +
6	\$0 to \$35,580	\$35,581 to \$49,500	\$49,501 to \$79,200	\$79,201 +
7	\$0 to \$40,120	\$40,121 to \$52,900	\$52,901 to \$84,650	\$84,651 +
8	\$0 to \$44,660	\$44,661 to \$56,300	\$56,301 to \$90,100	\$90,101 +

PART II **RACE, ETHNICITY AND HOUSEHOLD DATA**

Data with regard to (1) Household Status; (2) Racial Characteristics and (3) Ethnicity information – in expanded categories – is being requested, in order to measure the impact of the program on the diverse population of the U.S.

Please circle the appropriate racial, ethnic, familial status, age, and handicapped category that applies to you. A number of categories may apply to you. Please note this information will be used for analysis purposes only. We ask you to provide this information on a **voluntary** basis. If you do not wish to provide the information, you may refuse to do so.

CIRCLE ALL IN EACH CATEGORY THAT APPLY

RACE

White
 Black or African American
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native & White
 Asian & White
 Black or African American & White
 American Indian or Alaska Native &
 Black or African American

ETHNICITY

AND Hispanic or Latino
 NOT Hispanic or Latino

HOUSEHOLD

Elderly (62 + years)
 Handicapped
 Female Head of Household
 Not Applicable

Signature

Printed Name

Date

Effective 4/01/21 and subject to change without notice – 2021

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.