

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
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 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	2020
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.

HOUSING & PUBLIC FACILITIES

Hillsborough County (HMFA) FAMILY INCOME VERIFICATION FORM – 2020

SURVEY #: _____ DATE: _____
 MUNICIPALITY: _____ PROJECT: _____
 SURVEY 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 survey 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 grant program.

Please complete both portions of the form – Part I and Part II

PART I **INCOME AND HOUSEHOLD DATA**

Please choose the column that represents your family size and circle the Income Category that best describes your family income. Family income includes wages and salaries, interest, net business income, social security, pensions, alimony received, VA benefits, and educational benefits received by all family members living at home. Alimony paid may be deducted. This verification form should reflect your **current** family income. 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 \$19,800	\$19,801 to \$32,950	\$32,951 to \$52,750	\$52,751 +
2	\$0 to \$22,600	\$22,601 to \$37,650	\$37,651 to \$60,250	\$60,251 +
3	\$0 to \$25,450	\$25,451 to \$42,350	\$42,351 to \$67,800	\$67,801 +
4	\$0 to \$28,250	\$28,251 to \$47,050	\$47,051 to \$75,300	\$75,301 +
5	\$0 to \$30,680	\$30,681 to \$50,850	\$50,851 to \$81,350	\$81,351 +
6	\$0 to \$35,160	\$35,161 to \$54,600	\$54,601 to \$87,350	\$87,351 +
7	\$0 to \$39,640	\$39,641 to \$58,350	\$58,351 to \$93,400	\$93,401 +
8	\$0 to \$44,120	\$44,121 to \$62,150	\$62,151 to \$99,400	\$99,401 +

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