



**City of Carson**  
**Emergency Small Business Assistance Program**  
**Microenterprise Grant Application**

## SECTION A - Application Process

The application and all supporting materials must be submitted via e-mail to [COVID19assistance@carson.ca.us](mailto:COVID19assistance@carson.ca.us). Applicants may be requested to submit additional documentation or detail. Applicants will have two weeks to submit additional materials as requested by the City. Maximum grant amount for this program is \$5,000. Businesses with more than five (5) employees are required to file the Emergency Business Assistance Program – SMALL BUSINESS application.

## SECTION B - Eligibility Checklist

The checklist below assists businesses to determine eligibility via the small business assistance programs.

Part A	
Is your business located within Carson City boundaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have 5 or fewer employees (including the owner(s))?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to document that your business was adversely impacted by COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have a current City of Carson business license, have no pending health or code enforcement matters and is not delinquent on any fees or taxes owed to the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your business open on or before February 29, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business meet the eligibility requirements outlined in the program guidelines? <ul style="list-style-type: none"> <li>• Owner is 18 years or older</li> <li>• Business or owner has a DUNS number, or has applied for one?</li> <li>• Business has a valid federal employer identification number</li> <li>• Business has a bank account</li> <li>• Business is not subject to City Conflict of Interest Code (see Section R)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can confirm that my business is <b>not</b> one of the following: <ul style="list-style-type: none"> <li>• Nonprofit entity (e.g. 501 (c)(3), 501 (c)(6), etc.)</li> <li>• Passive business (i.e. rental property or other business in which one does not actively participate)</li> <li>• Government organization</li> <li>• Business that limit patrons to 18 and older</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business owner have a family income at or below 80% of area median income (see Section H)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to these questions, you may be eligible for the Emergency Small Business Assistance Program and should apply for that program. If you answered no to any question, you are not eligible for the Emergency Small Business Assistance Program.

## SECTION C - Summary Application

Business Information		
Name of Business Owner:	Legal Name of Business:	
DBA (If applicable):	Business Address:	
Business Owner Email:	Business Owner Phone:	
Date Business Opened (mm/dd/yyyy):	Federal EIN (SSN if sole proprietor):	DUNS Number:
<i>(if you have applied, but have not yet received your DUNS number, attach documentation of DUNS application)</i> <a href="https://fedgov.dnb.com/webform/">https://fedgov.dnb.com/webform/</a>		
Number of Total Employees (Including Owner(s))	Prior to March 2020 =	Current: =
1. Does the business have a current business license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the business have any pending health or code enforcement matters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is the business past due in any fees or taxes owed to the City of Carson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the business owner subject to the City's conflict of interest code? See Section R. (If yes, attach a document providing an explanation).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is the business currently the subject of a collection action, involved in a lawsuit, or have a judgement against it? (If yes, attach a document providing an explanation).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Has the business filed for bankruptcy in the past 7 years? <i>(If yes, attach a document providing an explanation).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the business require other external assistance to open/remain open? <i>If yes, please explain and summarize below, the status of the other forms of assistance.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please describe how this assistance will enable the business to continue operation/ re-open/ expand service delivery?	

**SECTION D - Information for Government Reporting**

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form WILL NOT be used to evaluate your application for participation in the Emergency Small Business Assistance program. Information is required for federal funding reports only.

Demographic Information	
Business Owner 1:	Business Owner 2:
<b>Racial Background (Select only one):</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & African American <input type="checkbox"/> Other	<b>Racial Background (Select only one):</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & African American <input type="checkbox"/> Other
Head of household: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Background: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Person w/Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Head of household: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Background: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Person w/Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION E - COVID-19 Impact**

In order to be eligible for the Emergency Small Business Assistance program, businesses must have been adversely impacted because of the COVID-19 pandemic. Select all impact types that are relevant to your business below. Attach supporting documentation.

**Type of Negative Impact:**

- Loss of revenue
- Rent, payroll or utilities arrears
- Increased operating costs for PPE
- Increased operating costs to manage new or enhanced curbside or delivery services
- Other

**Sample Documentation:**

- **Loss of revenue:** Provide documentation showing average revenue for two-month consecutive period between November 2019 and February 2020 compared to revenue for two-month consecutive period after February 2020.
- **Rent, payroll or utilities arrears:** Documentation showing that business is behind in rent, payroll or utilities since March 2020.
- **Increased operating costs for PPE:** Documentation showing costs for PPE as required by State guidelines.
- **Increased operating costs to manage new or enhanced curbside or delivery services:** Documentation showing that software or services required for curbside or delivery began after February 2020 and costs for those services.

**SECTION F - Duplication of Benefits**

In order to be eligible for the Emergency Small Business Assistance program, businesses must document that they have neither received nor will seek other grants, loans, or other assistance from any private, local, state, or federal funding source for the **same uses** as identified in the application. For example, if a business received the SBA PPP Loan for payroll costs in May and June, CDBG assistance could not be used for the same payroll costs for the same time period.

Applicants must complete and attach the duplication of benefits self-certification.

1. Have you applied for and/or received any other governmental assistance because of the COVID 19 emergency?  Yes  No  
 If yes, complete the table below and attach additional pages if necessary.

Source	Grant (Y/N)	Loan (Y/N)	Loan Term	Loan Rate	Amount	Use of Funds
Paycheck Protection Program			Yrs.	%	\$	
Economic Injury Disaster Loan			Yrs.	%	\$	
Express Bridge Loan			Yrs.	%	\$	
Debt Relief Program			Yrs.	%	\$	
Main Street Lending Program			Yrs.	%	\$	
Other: _____			Yrs.	%	\$	
Other: _____			Yrs.	%	\$	
Other: _____			Yrs.	%	\$	

2. Is CDBG replacing any other federal/non-federal source? (If yes, attach explanation).  Yes  No

3. If the business is receiving other external grants or loans, please attach the disbursement schedule for all sources.

**SECTION G - Microenterprise Business Application**

For the purposes of the business assistance program, microbusiness is:

A business with less than five (5) employees (including the owner) where the owner(s) qualify as having a family income is less than 80% of the area median income as indicated in Section H.

1. Total Number of Employees (including owner(s)): \_\_\_\_\_  
 2. Owner current income (attach income certification form and documentation on subsequent page): \$ \_\_\_\_\_  
 3. Grant Amount Requested (not to exceed \$5,000)\* \_\_\_\_\_

Please use the table below to describe how you intend to utilize the funds from this grant to support your business

Eligible Use	Amount	Description
Rent/Utilities	\$	
Payroll	\$	
PPE required for business operation (Supplies only)**	\$	
Business services to increase or alter business activities	\$	
<b>TOTAL</b>	\$	

\*All reimbursement requests must include supporting documentation such as receipts. If necessary, the City will request documentation of cost reasonableness including cost estimates from other suppliers or stores for items procured through this program.

\*\*The City will not provide any reimbursement for installation or installation-related costs. The City will only reimburse PPE supplies.

**SECTION H – Microenterprise Business Assistance Income Certification**

For a business owner to qualify for the Emergency Small Business Assistance Program, the applicants' current annual income shall not exceed the low- and moderate-income limit, adjusted by family size.

**Current Annual Family Income:** \$

**Family size:**

FY 2020 Income Limits								
# People in Family	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Max Family Income	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900

**CERTIFICATION:** I/we certify that this information is complete and accurate and have provided supporting documentation as part of this application (requires signature of all adults over the age of 18).

Printed Name (First, Last)	Signature	Date
Applicant:		
Co-Applicant		

Printed Name (First, Last)	Signature	Date
Other Family Member over age 18:		
Other Family Member over age 18:		
Other Family Member over age 18:		
Other Family Member over age 18:		

*WARNING: The information provided on this form is subject to verification by the City and/or 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.*

**SECTION J – Income Documentation Form**

1. List all family members.
2. Complete "Worksheet 1 in Section L: Current Monthly Income" summarizing gross monthly income for all family members age 18 or over.
3. Provide copies of all necessary supporting documentation
4. All adult (18+) family members with zero income must sign certification form in section O

**SECTION K – Business Owner (beneficiary) Family Information**

First Name	Last Name	Age	Disabled	Relationship to Applicant	Fulltime Student	Head of Household
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Self	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>

The City requires supporting source documentation for income to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in *Table 1* below.

**SECTION L – Definition of Income**

For this program, the City is using the Part 5 definition of income used by the federal government. Income excluded from this definition is summarized in Table 2 of Section P. Family member over 18 years of age with no income are required to complete the Self Certification of Zero Income form in Section O.

<b>Worksheet 1: Current Monthly Income</b>				
Income Source	Applicant	Co-Applicant	Other Family Members 18+	Total
Wages, overtime pay, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from operation of business/profession. Expenditures for business expansion/ amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in operation by family). A deduction for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation as provided in IRS regulations.	\$	\$	\$	\$
Social Security, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report the total amount received.	\$	\$	\$	\$
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report the total amount received. Public assistance/welfare payments from state or local welfare office. Report total amount received.	\$	\$	\$	\$
Periodic and determinable allowances such as alimony, child support payments, regular contributions, or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	\$	\$	\$	\$
Regular/special pay or allowance of member of Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	\$	\$	\$	\$
Total Gross Monthly Family Income			A	\$
Multiply by 12 months a year			B	X12
A time B is equal to TOTAL ANNUAL INCOME			C	\$

**SECTION M – Other Assets**

Please list All Other Asset Accounts and their respective values for all family members:

Account Category	Current Cash Value
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Checking Account (Name _____)	\$
Checking Account 2 (Name _____)	\$
Savings Account (Name _____)	\$
Savings Account 2 (Name: _____)	\$
Other Assets (list)	\$
Other Assets (list)	\$

**SECTION N – Income Documentation**

Please provide the request items below, if applicable to your family for all family members age 18 and over. All documents submitted must be copies and will not be returned. Do not send originals.

**Table 1: Income Documentation Requirements**

<b>If you or a family member have income from the following sources:</b>	<b>You are required to submit the following documents:</b>	<b>Covering the following periods(s) of time:</b>
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items	Copies of last 3 paycheck stubs / earnings statements	Most recent three (3) pay periods
Net income from the operation of a business or profession	Complete (all pages) for the most recent filed Federal Income Tax Return; or Profit and Loss Statement showing the net amount after business expenses.	Most recent tax year filed
Interest, dividends, net rental income, royalty income, or income from estates and trusts	Bank Statements	Most recent three (3) months
Social Security, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts.	Social Security Letter (if applicable); or Bank Statements	Current year's award letter or Most recent three (3) months
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation.	Current year's award letter or Bank Statements	Most recent three (3) months
Any public assistance or welfare payments from state or local welfare office	Award letter, or Statement from source of assistance	Current year's award letter or statement of current benefits from the source of assistance
Payments in lieu of earning such as unemployment, disability, worker's, and severance compensation.	Current year's award letter or Bank Statements	Most recent three (3) months
Any public assistance or welfare payments from state or local welfare office	Award letter; or Statement from source of assistance	Current year's award letter or statement of current benefits from the source of assistance
Periodic and determinable allowances such as alimony, child support payments, regular contributions, or gifts received from organizations or persons not residing in the dwelling.	Check Stubs; or Bank Statements	Most recent three (3) months
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire.	Check Stubs; or Bank Statements	Most recent three (3) months

**SECTION O – Self-Certification of Zero Income**

This form should only be completed by every adult (18+) family member who is claiming zero income from any source. Attach more forms for additional family members with zero income as needed.

Zero Income Self-Certification	
Print Name:	Address (No., Street, City, Zip):
<p>1. I hereby certify that I do not individually receive income from any of the following sources:</p> <ul style="list-style-type: none"> <li>a. Wages from employment (including commissions, tips, bonuses, fees, etc.);</li> <li>b. Net income from operation of a business or income from self-employment (i.e. sales of Avon, Mary Kay, Shaklee, etc. or other business income);</li> <li>c. Rental income from real or personal property;</li> <li>d. Interest or dividends from assets;</li> <li>e. Social Security payments (SS)/Supplemental Security (SSI) payments, annuities, insurance policies, retirement funds, pensions, or death benefits;</li> <li>f. Unemployment or disability payments;</li> <li>g. Public assistance payments (i.e. welfare, TANF, CAPI payments, etc.);</li> <li>h. Periodic allowance such as alimony, child support, or gifts received from persons not living in my household; and/or</li> <li>i. Any other source not named above.</li> </ul>	
<p>2. Chose the statement below that most closely applies to your situation:</p> <p><input type="checkbox"/> Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.</p> <p><input type="checkbox"/> Currently, I have no income of any kind and will not be seeking employment at this time.</p>	
<p>3. I will be using the following sources of funds to pay for rent and other necessities:</p>          	
<p>According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.</p>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## SECTION P – Excluded Income Sources

Table 2: Excluded Income Sources
Income from employment of children (including foster children) under the age of 18 years.
Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
Income of a live-in aide (as defined in 24 CFR 5.403).
The full amount of student financial assistance paid directly to the student or to the educational institution (Subject to 24 CFR 5.609(b) [refer to Income Inclusions Tab - No. 9]).
The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
Amounts received under training programs funded by HUD.
Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.
Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time.
Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.
Temporary, nonrecurring, or sporadic income (including gifts).
Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
Adoption assistance payments in excess of \$480 per adopted child.
Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.
Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the FEDERAL REGISTER and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. The following is a list of income sources that qualify for that exclusion:
The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017 [b])
Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058) (e.g., employment through AmeriCorps, Volunteers in Service to America [VISTA], Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions)
Certain payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626[c])
Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e)
Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624[f])
Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, section 6)

Table 2 (cont.): Excluded Income Sources

The first \$2,000 of per capita shares received from judgment funds awarded by the National Indian Gaming Commission or the U. S. Claims Court, the interests of individual Indians in trust or restricted lands, and the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-1408). This exclusion does not include proceeds of gaming operations regulated by the Commission
Amounts of scholarships funded under title IV of the Higher Education Act of 1965 (20 U.S.C. 1407-1408), including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu). For section 8 programs only (42 U.S.C. 1437f), any financial assistance in excess of amounts received by an individual for tuition and any other required fees and charges under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall not be considered income to that individual if the individual is over the age of 23 with dependent children (Pub. L. 109-11, section 327) (as amended)
Payments received from programs funded under Title V of the Older Americans Act of 1985 (42U.S.C. 3056g)( e.g., Green Thumb, Senior Aides, Older American Community Service Employment Program)
Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in In Re Agent Orange Liability Litigation, M.D.L. No. 381 (E.D.N.Y.)
Payments received under the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 25 U.S.C. 1728)
The value of any childcare provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858g)
Earned income tax credit (EITC) refund payments received on or after January 1, 1991, for programs administered under the United States Housing Act of 1937, title V of the Housing Act of 1949, section 101 of the Housing and Urban Development Act of 1965, and sections 221(d)(3), 235, and 236 of the National Housing Act (26 U.S.C. 32[i])
Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95-433)
Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637[d])
Any allowance paid under the provisions of 38 U.S.C. 1833(c) to children of Vietnam veterans born with spina bifida (38 U.S.C. 1802- 05) children of women Vietnam veterans born with certain birth defects (38 U.S.C. 1821), and children of certain Korean service veterans born with spina bifida (38 U.S.C. 1821)
Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602)
Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931(a)(2))
Any amount received under the Richard B. Russell School Lunch Act (42 U.S.C. 1780(e)) and the Child Nutrition Act of 1966 (42 U.S.C. 1780(b)), including reduced-price lunches and food under the Special Supplemental Food Program for Women, Infants, and Children (WIC)
Payments, funds, or distributions authorized, established, or directed by the Seneca Nation Settlement Act of 1990(25 U.S.C. 1774f(b))
Deferred amounts from Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts(42 U.S.C.§ 1437a(b)(4))
Compensation received by or on behalf of a veteran for service-connected disability, death, dependency, or indemnity compensation as provided by an amendment by the Indian Veterans Housing Opportunity Act of 2010 (Pub. L. 111-269; 25 U.S.C. 4103(9)) to the definition of income applicable to programs authorized under the Native American Housing Assistance and Self-Determination Act (NAHASDA) (25 U.S.C. 4101 et seq.) and administered by the Office of Native American Programs
A lump sum or a periodic payment received by an individual Indian pursuant to the Class Action Settlement Agreement in the case entitled Elouise Cobell et al. v. Ken Salazar et al., 816 F.Supp.2d 10 (Oct 5, 2011 D.D.C.), for a period of one year from the time of receipt of that payment as provided in the Claims Resolution Act of 2010 (Pub. L. 111-291)
Any amounts in an "individual development account" as provided by the Assets for Independence Act, as amended in 2002 (Pub. L. 107-110, 42 U.S.C. 604(h)(4))
Per capita payments made from the proceeds of Indian Tribal Trust Cases as described in PIH Notice 2013-30 "Exclusion from Income of Payments under Recent Tribal Trust Settlements" (25 U.S.C. 117b(a))
Major disaster and emergency assistance received by individuals and families under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93-288, as amended) and comparable disaster assistance provided by the States, local government, and disaster assistance organizations (42 U.S.C. 5155(d)).

**SECTION Q – Duplication of Benefits of Self Certification**

I/We, as the owners of \_\_\_\_\_ business located in the City of Carson, certify that we comply with the Duplication of Benefits Policy as set forth in the Program Guidelines.

I/We certify under penalty of perjury, under the laws of the State of California, that I/We are not able to receive, and have not received, other federal or non-federal benefits or assistance for the same purposes as outlined in the program application. Applicant further certifies that I/We will not pursue other federal or non-federal benefits for the same uses of the Emergency Small Business Assistance Program as outlined in the program application.

If I/We receive benefits or assistance for the same purpose as stated in the program application, we will report this duplication of assistance to the City within seven (7) business days and immediately return any duplicative grant assistance to the City as required by the Community Development Department.

Business Owner(s)		
Signature: _____	Printed Name: _____	Date: _____
Signature: _____	Printed Name: _____	Date: _____

**SECTION R – No Conflict of Interest Certification**

*If you respond yes to either question below, you are not necessarily disqualified from the program, but will be asked to provide supporting documentation.*

1. Do any immediate family members (parents, children, siblings, domestic partners) work for the City of Carson?  Yes  No
  - a. Name of immediate family member(s) \_\_\_\_\_
  - b. What department do they work in? \_\_\_\_\_
  - c. What is their position? \_\_\_\_\_
  
2. Are you an employee, agent, consultant, officer, elected official, or appointed official of the City of Carson?  Yes  No
  - a. Who is your employer? \_\_\_\_\_
  - b. What is your position? \_\_\_\_\_
  - c. Explain your relationship with the City \_\_\_\_\_

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**SECTION S - Signature Page**

*(complete one signature page for each business owner)*

The applicant warrants and represents that no City Council Member, City Staff Member, Commission Member, Committee Member, and/or any person who is subject to the provisions of the City's Conflict of Interest Code, has any ownership interest of any kind or amount in the business for which the grant would be issued, or would otherwise receive a financial benefit from any grant which may be extended to applicant and/or for the business. By accepting this grant, I agree to comply with the current and future guidelines and other requirements as set forth by the City of Downey.

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*I attest that I have read and understood the application and completed the application in full, including the required attachments listed below. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

**Required Attachments**

1. City of Carson Business License
2. State Identification Card or Driver's License
3. Completed IRS Form W-9 (Request for Taxpayer Identification Number and Certification) (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
4. Most recent California Employment Development Department forms DE-9 and 9C (Quarterly Contribution Return and Report of Wages Form)
5. Documentation of COVID-19 Impact
6. Other documentation/ explanations, as required by application
7. Business Documentation
  - a. Balance Sheet (or any documentation showing net assets and liabilities of the business) for two separate periods
  - b. 2020 Federal Tax Return for business (Schedule C) or other acceptable documentation
8. Supporting documentation for income for all family members
9. Most recent federal tax return for all family members over the age of 18 (complete tax return
10. Three most recent bank statements (complete) for all family members
11. Supporting documentation for all asset accounts

Signature: \_\_\_\_\_

**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.