

**CITY OF SIMI VALLEY**  
**Community Development Block Grant COVID-19 (CDBG-CV)**  
**Small Business Grant Program FY 2020-21**

*Self-Certification of Employee*

**Name of Business:**

*All information provided on this form is for the sole purpose of meeting program guidelines and HUD reporting only.*

**Part I- Participant – Beneficiary Income Certification – Confidential**

*(Must be completed and signed by the employee)*

The dollar amounts represent annual household income for the  
 HUD 2020 Income Limit Schedule for Ventura County.

For purposes of this Grant, employers may consider individuals that apply for or hold jobs to be members of a one-person family.

Select your annual household income range.

Gross Annual Income Range by Household Size	1 Person Household
Very Low (0 - 30% )	<input type="checkbox"/> \$0 - \$23,700
Low (31 - 50% )	<input type="checkbox"/> \$23,701 - \$39,550
Moderate (51 - 80% )	<input type="checkbox"/> \$39,551 - \$63,250

- Are you a full-time or part-time employee? (select one)

- Full-time                       Part-time

How many hours per week?

- Job Category: (select one)

- Administrative               Manufacturing  
 Retail                               Service  
 Wholesale

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly providing false information on an application for City or federal funds, which may result in immediate repayment of all City or federal funds received and/or prosecution under the law. I understand that all information on this form is subject to verification by City or federal personnel as part of the compliance monitoring.

By checking this box, I agree to the above certification      Date Certified:

Certifying Employee's Name and Job Title:

**Part II- Participant – Beneficiary HUD Demographic Information – Confidential**

*If information is voluntarily left blank by employee, employer must complete demographic data for Part II.*

- Female Head of Household: (select one)

- Yes       No

- Race: (select one)

- |   |   |
|---|---|
| <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"/> Asian & White                          | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native & Black | <input type="checkbox"/> Other Multi-Racial                     |

- Ethnicity: (select one)

- Hispanic       Non-Hispanic

**Part III- Participant – Beneficiary HUD Demographic Information – Confidential**

*Employer must complete the following information*

- Date employee was hired:

- Position: (select one)

- Full-time       Part-time

How many hours per week?

- Job type: (select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Retail         | <input type="checkbox"/> Service       |
| <input type="checkbox"/> Wholesale      |  |

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By checking this box, I agree to the above certification      Date Certified:

Certifying Employer's Name and Job Title: