



Operated by Vermont Slauson Economic Development Corporation

Microenterprise Service Agreement

Instructions

Please fill out the application completely.

If you are not yet in business but seeking information to establish a business, please complete the '**Prestartup/Entrepreneur**' section. If you are currently running a business, please complete the '**Startup-Microenterprise**' section.

Please note that demographic information is collected for the purpose of documenting services provided under the auspices of the LA BusinessSource Center and is used to provide relevant resources (i.e. minority/women-owned funding opportunities, etc.). All information will be kept confidential.

If you are completing this application electronically: click into each line or box to fill in your answers and leave the signature line blank.

Application Checklist

Please:

- Fill out all areas of the application which apply to you.
- L.A. RESIDENTS OR THOSE OPERATING A BUSINESS IN L.A.: To verify your residence, please return your application with:
 - A copy of your California identification/driver's license
 - If the address on your ID is not your current address, please attach a copy of a utility bill or other semi-formal documentation (i.e. notice from work, school or the government).
 - If you are operating a business, include a copy of all business registration documents you hold for your business (i.e. business license, DBA, articles of incorporation, etc.)
 - Copy of income documentation.

If you have any questions, please visit the Frequently Asked Questions on our website at www.vsedc.org or call (323) 789-4515 or email lelliott@vsedc.org. Thank you for your interest in our training and/or business counseling services.



Operated by Vermont Slauson Economic Development Corporation

INTAKE APPLICATION

OFFICIAL USE ONLY	
ETP: _____	
Ssn # _____	Loc. _____
Dates: _____	

TA: _____	

Client Information

Please complete all information on the application legibly; put N/A on items that do not apply.

Name: _____ Suffix: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Demographic Information

Date of Birth: _____ Gender: Female Male

Ethnic Group

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan native | <input type="checkbox"/> White (not Hispanic) |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Black (not Hispanic) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic | |

Educational Level (please check highest level completed)

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Other: _____ |

Employment Status (please check the option that best applies)

- | | |
|--|--|
| <input type="checkbox"/> Full Time Self-Employed | <input type="checkbox"/> Part Time Employed |
| <input type="checkbox"/> Full Time Employed | <input type="checkbox"/> Seasonal Unemployment |
| <input type="checkbox"/> Part Time Self-Employed | <input type="checkbox"/> Unemployed less than 6 months |
| <input type="checkbox"/> Unemployed more than 6 months | <input type="checkbox"/> Other: _____ |

Certification of Low to Moderate Income Status. Please check one of the following boxes:

- My household's yearly income is less than or equal to the income shown below for my family size.
- My household's yearly income is more than the income shown below for my family size.

Please circle the family size that applies to you.

Family Size	1	2	3	4	5	6	7	8
Family Income	\$48,650	\$55,600	\$62,550	\$69,450	\$75,050	\$80,600	\$86,150	\$91,700

Number in Your Household _____ Annual Income in 2016: _____

Please attach a copy of your household income documentation. Acceptable documentation includes one of the following: TANF, Unemployment Benefits, GR, SSI, tax returns or a paystub. All income information is kept confidential.

Business Information

PRESTARTUP-ENTREPRENEUR: If you have not started your business, complete this section.

Proposed Business Name: _____

Type of business (product or service): _____

Proposed start date: _____ Business Partner? _____

Planned business location: Home-based Office/storefront Online

Please describe any previous experience in the business you wish to start or relevant management/work experience.

MICROENTERPRISE: If you are currently in business, complete this section.

Business Name: _____

Type of business (product or service): _____

Business start date: _____ Business Partner: _____

Business Form:

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-profit corporation |
| <input type="checkbox"/> Other: | |

Please check the business registration documentation held for your business and indicate other features:

- | | |
|---|--|
| <input type="checkbox"/> LA Tax Registration Cert. (business license) | <input type="checkbox"/> 8a, CCR, M/W/DBE, SBE, CBE, SLB |
| <input type="checkbox"/> Seller's Permit/Resale Number | <input type="checkbox"/> Trademark/Copyright/Patent |
| <input type="checkbox"/> Registered DBA | <input type="checkbox"/> Completed business plan |
| <input type="checkbox"/> Disabled-owned business | <input type="checkbox"/> Certified woman-owned |
| <input type="checkbox"/> Certified minority-owned business | <input type="checkbox"/> Federal tax ID number: _____ |
| <input type="checkbox"/> Veteran-owned business | <input type="checkbox"/> Homeless-owned business |
| <input type="checkbox"/> Other: | |

Please provide any notes to clarify the options selected above (i.e. date obtained, etc.). Please also indicate any previous management/work experience.

Business location: Home-based Office/storefront Online

If office/storefront, business address: _____

Business Phone: _____ Business Email/Website: _____

MICROENTERPRISE (CONTINUED)

Are you operating this business full- or part-time? Full-time Part-time

How many employees currently work for your business (including yourself)? Full-time Part-time

Are you seeking to hire additional employees? Yes No

Are you planning a business closure? Yes No

Are you planning to lay off employees? Yes No

How many employees are threatened by layoff/closure? Full-time Part-time

Please indicate your revenue (gross receipts) for the following periods. Monthly (current) Annual revenue for 2015

Have you ever started/owned another business? Yes No

If yes, is it still operating? Yes No How long? _____

Please describe the business and explain if it is no longer in operation:

Are you in need of assistance, if yes, please check the specific areas needed:

<input type="checkbox"/>	Access to Capita/Loan Packaging	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Business Plan
<input type="checkbox"/>	Marketing	<input type="checkbox"/>	HR/Employee Hiring	<input type="checkbox"/>	Downsizing
<input type="checkbox"/>	Business Course/Workshop	<input type="checkbox"/>	Procurement	<input type="checkbox"/>	Other

List other _____

I certify that all my answers above are true and correct to the best of my knowledge. I also agree that by accepting to receive assistance from the BusinessSourc Center I will cooperate and provide the BusinessSource staff with all requested information and documents to verify the outcomes reported in compliance with CFR 570.506(b)(5) and (6) listed below.

Signature: _____ Business Owner Date: _____

Referral Information

How did you hear about this program?

Friend _____ Newspaper (specify) _____
 Online (specify) _____ WorkSource Center _____
 ETP Alumni _____ (specify) _____
 _____ Other (specify) _____

Action Plan

Based on the needs assessment results, these are the activities that we have determined to be the most appropriate to be carried out:

Activity	Planned Outcome (include details)
Access to Capital/Loan Packaging	(i.e. \$5,000 KIVA Zip loan)

Signature: _____ BSC Counselor Date: _____
 Signature: _____ BSC Director Date: _____

Please return the application via postal mail, fax, or email to:

LA BusinessSource –South Region
 6109 So. Western Avenue, LA, CA 90043

For questions, please call
 323-789-4515

CFR 570.506(b)(5) and (6)

(5) For each activity determined to benefit low and moderate income persons based on the creation of jobs, the recipient shall provide the documentation described in either paragraph (b)(5)(i) or (ii) of this section. (i) Where the recipient chooses to document that at least 51 percent of the jobs will be available to low and moderate income persons, documentation for each assisted business shall include:

(A) A copy of a written agreement containing:

(1) A commitment by the business that it will make at least 51 percent of the jobs available to low and moderate income persons and will provide training for any of those jobs requiring special skills or education;

(2) A listing by job title of the permanent jobs to be created indicating which jobs will be available to low and moderate income persons, which jobs require special skills or education, and which jobs are part-time, if any; and

(3) A description of actions to be taken by the recipient and business to ensure that low and moderate income persons receive first consideration for those jobs; and

(B) A listing by job title of the permanent jobs filled, and which jobs of those were available to low and moderate income persons, and a description of how first consideration was given to such persons for those jobs. The description shall include what hiring process was used; which low and moderate income persons were interviewed for a particular job; and which low and moderate income persons were hired.

(ii) Where the recipient chooses to document that at least 51 percent of the jobs will be held by low and moderate income persons, documentation for each assisted business shall include:

(A) A copy of a written agreement containing:

(1) A commitment by the business that at least 51 percent of the jobs, on a full-time equivalent basis, will be held by low and moderate income persons; and

(2) A listing by job title of the permanent jobs to be created, identifying which are part-time, if any;

(B) A listing by job title of the permanent jobs filled and which jobs were initially held by low and moderate income persons; and

(C) For each such low and moderate income person hired, the size and annual income of the person’s family prior to the person being hired for the job.

(6) For each activity determined to benefit low and moderate income persons based on the retention of jobs:

(i) Evidence that in the absence of CDBG assistance jobs would be lost;

(ii) For each business assisted, a listing by job title of permanent jobs retained, indicating which of those jobs are part-time and (where it is known) which are held by low and moderate income persons at the time the CDBG assistance is provided. Where applicable, identification of any of the retained jobs (other than those known to be held by low and moderate income persons) which are projected to become available to low and moderate income persons through job turnover within two years of the time CDBG assistance is provided. Information upon which the job turnover projections were based shall also be included in the record; (iii) For each retained job claimed to be held by a low and moderate income person, information on the size and annual income of the person’s family;

(iv) For jobs claimed to be available to low and moderate income persons based on job turnover, a description covering the items required for “available to” jobs in paragraph (b)(5) of this section; and

(v) Where jobs were claimed to be available to low and moderate income persons through turnover, a listing of each job which has turned over to date, indicating which of those jobs were either taken by, or available to, low and moderate income persons. For jobs made available, a description of how first consideration was given to such persons for those jobs shall also be included in the record.

ENTREPRENEURIAL TRAINING PROGRAM ORIENTATION

VSEDC and LABusinessSource Vision and Mission Statement

The Entrepreneurial Training Program (ETP) is operated by Vermont Slauson Economic Development Corporation (VSEDC) and sponsored by the City of Los Angeles Community Development Department. The primary mission of VSEDC to facilitate community development of the South Los Angeles area by providing programs structured to revitalize the physical, economic and social life of the community. VSEDC realizes its mission through partnership with the City of Los Angeles BusinessSource Program. LABusinessSource's ETP purpose is to provide training to emerging entrepreneurs and business owners and to establish and maintain successful business ventures and create jobs.

The Programs consist of the Level I and II courses, technical assistance, supportive services including networking and skills-building opportunities, and monitoring of participants to support business development progress.

Certificate of Course Completion

Certificates will be awarded to students who maintain satisfactory attendance, complete required coursework and the business plan, and submit all required documentation.

Post Program Follow-Up

To ensure that program participants are adequately benefitting from the program, VSEDC collects data on a regular basis. Students are expected to comply with this data collection process with timely submission of forms such as residence/eligibility documents, business evidence, job creation/retention forms, and any program evaluation or surveys.

VSEDC Business Enterprise Center Supportive Services

VSEDC operates a Business Enterprise Center that offers various supportive services to facilitate the knowledge and skills development of ETP participants. These include:

- ❖ Technical Assistance----provided to students who successfully complete level II courses. Consists of one-one-one consultation covering various business areas, i.e., marketing, bonding/insurance, State Enterprise Zones, strategic planning resource referrals, etc.
- ❖ Office space for lease----office spaces of varying size are available at very competitive below-market rates.
- ❖ Monthly seminars/roundtables---information sessions that cover a variety of pertinent business and financial topics such as accessing capital , marketing, contract procurement and grant writing among other topics
- ❖ Networking mixers--- quarterly events designed to provide entrepreneurs with the opportunity to establish contacts and build business relationships
- ❖ Loan Packaging & Referrals---assistance is provide to compile materials for loan applications and referrals are made to loan programs sponsored by VSEDC's partners



LA BusinessSource Center Program

Customer Complaint Resolution Procedures

As explained in the program orientation, the LA BusinessSource Center Program is designed to assist you with business development. To support you in this process, South Los Angeles BusinessSource Center aims to ensure that you receive quality customer service and instruction at every stage of the program. If you feel that you have not received the services for which you are eligible, or if you have experienced an issue during the program, you may file a complaint. Complaints must be filed within 30 days of the incident and must be in writing. You will not be retaliated or discriminated against because you filed complaint.

HOW DO I FILE A PROGRAM COMPLAINT

You must first submit your complaint to the Program Administrator at the address and telephone number below:

**Vermont Slauson Business Enterprise Center
South Los Angeles BusinessSource Center
6109 S. Western Avenue
Los Angeles, Ca. 90047
Attn: Leslie Elliott, Program Administrator
Phone: (323) 789-4515; Fax: (323) 789-4524; Email;Lelliott@vsedc.org**

All complaints **must be** in writing and include:

- 1. Your full name, telephone number, and mailing address;**
- 2. A statement of why you are requesting a hearing;**
- 3. Your solution to the complaint**

WHAT ARE THE STEPS THAT TAKE PLACE AFTER I FILE MY COMPLAINT?

The Program Administrator will forward the complaint to the Senior Program Director. The Senior Program Director will schedule an informal resolution meeting within 2 weeks of receiving the complaint from the Program Administrator. The purpose of the meeting is (a) to find out about your complaint issues; (b) to discuss the issue(s); and (c) to resolve your complaint.

If there is agreement to resolve your complaint issue(s), a letter will be issued, and signed by all parties that attended the meeting. A copy of the letter will be forwarded to the Executive Director of the Vermont Slauson Economic Development Corporation (**VSEDC**).

If there is no agreement, the Senior Program Director must provide you with the written notice of your right to request a meeting with the Executive Director of VSEDC. The request for the meeting should be mailed within three (3) days after the meeting and sent to:

Joe Rouzan, Executive Director
Vermont Slauson Economic Development
Corporation 1130 W. Slauson Ave.
Los Angeles, CA 90044

The request for a meeting should include the following information:

- 1. Your full name, telephone number, and mailing address;**
- 2. A copy of the written decision issues by the Senior Program Director;**
- 3. A statement of why you are requesting a hearing;**
- 4 Your solution to the complaint.**

The request will be forwarded to the Executive Director for review. A meeting will be scheduled within 2 weeks after the meeting.

The written decision will contain the following information:

- **The names of the parties involved;**
- **Complaint issues;**
- **A statement of facts;**
- **The Executive Director’s recommended decision and the reason for the decision;**
- **A list of solutions**

Acknowledgement of Receipt of Customer Complaint Resolution Procedures South Los Angeles BusinessSource Center

I _____, have received a copy of the region Customer Complaint Resolution Procedures and I understand them.

Signature: _____ Date: _____



ANTONIO R. VILLARAIGOSA
MAYOR

DATE:

TO: All Participants in the City of Los Angeles Workforce Investment Act Grant Funded Programs

FROM: Jaime H. Pacheco-Orozco, Acting Director
Workforce Development Division
Community Development Department

Michael Bolokowicz, Personnel Director
Human Resources Division
Community Development Department

SUMMARY OF THE CITY OF LOS ANGELES LOCAL WORKFORCE INVESTMENT AREA (LWIA) COMPLAINT RESOLUTION PROCEDURES

Welcome to the City's Workforce Investment Act program. We hope your participation in the program will be both enjoyable and rewarding. As part of the program, it is important that you understand your rights and responsibilities as well as how to resolve a complaint or disagreement.

GENERAL RULES

You should receive a copy of the WIA Complaint Resolution Procedure when you attend the orientation at the WorkSource/OneSource Center. You will be asked to sign that you have received a copy of the procedure. A copy of the receipt will be placed in your file.

- If you feel that you did not receive the services you are eligible for, you may file a complaint. Complaints must be filed within one (1) year from when the incident occurred. All complaints, additional complaint issues, and withdrawals must be in writing. You will not be retaliated or discriminated against because you file a complaint. The City of Los Angeles has 60 days from the date you filed your complaint to resolve a program complaint and 90 days to resolve a discrimination

1

complaint

- There are four types of complaints:

- Complaints that allege a violation of Federal, State and City rules and regulations;
- Complaints that allege discrimination because of race, creed, color, sex, (including sexual harassment, sexual orientation), disability, national origin, age, or religion political affiliation or belief, retaliation and citizenship, or his or her participation in a WIA Title I financially assisted program activity.
- Complaints that allege that employees were laid off or fired in order to hire WIA participants;
- Complaints that allege that the employer failed to follow health and safety rules.

HOW DO I FILE A PROGRAM COMPLAINT?

- You must first file your complaint with the WorkSource/OneSource Center's EO Complaints Officer. If you need information about your agency's EO Complaints Officer, you may contact the City's EO Compliance Officer at the address and telephone number below.

City of Los Angeles
Community Development Department
1200 West 7th Street, 4th Floor
Los Angeles, CA 90017
Attn: Eileen Scally, EO Compliance Officer

Telephone Number: (213) 744-7277
TDD: (213) 744-7290
FAX: (213) 744-7289
Email: Eileen.Scally@lacity.org

- All WIA complaints must be in writing and include the following:

Your full name, telephone number, and mailing address;
The agency's full name, telephone number, and mailing address;
The facts and dates describing the alleged violation; and
How you want the complaint to be resolved.

2

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

- If you need help in filling out the complaint form, you should first contact the EO Complaints Officer at the WorkSource/OneSource Center. You may also contact the City of Los Angeles Community Development EO Compliance Unit at (213) 744-7277. The EO Compliance Unit will help you file a complaint, including assistance writing the complaint; provide copies of documents such as WIA regulations, local rules, contracts, etc.; and provide information about relevant regulations and rules.
- You may seek representation or legal counsel at your own expense.

Note: The EO Compliance Unit does not provide legal advice or represent either party to the complaint.

What are the steps that take place after I have filed my complaint?

- Once the WorkSource/OneSource Center EO Complaints Officer receives your complaint, he/she will schedule an Informal Resolution Meeting. You, the EO Complaints Officer and the representatives from the agency will attend the meeting. The purpose of the meeting is (a) to find out about your complaint issues; (b) to discuss the issue(s); and (c) to resolve your complaint.
- If there is an agreement to resolve your complaint issue(s), a settlement agreement will be prepared. All the parties that attend the meeting will sign the settlement agreement. A copy of the settlement agreement will be mailed to the EO Compliance Unit, Community Development Department.
- If there is no agreement, then EO Complaints Officer must provide you with written notice of your right to request an administrative hearing before a hearing officer. The request for hearing should be mailed within three (3) days and sent to:

City of Los Angeles
Community Development Department
1200 West 7th Street, 4th Floor
Los Angeles, CA 90017
Attn: Eileen Scally, EO Compliance Officer

The request for hearing should include the following information:

- Your full name, telephone number and mailing address;
- The name, address and telephone number of the WorkSource/OneSource Center
- A copy of the written decision issued by the WorkSource/OneSource Center.

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- A statement of why you are requesting a hearing;
- Your solution to the complaint.
- A hearing will be held before an impartial Hearing Officer, and the Hearing Officer will file his/her advisory report with recommendations to the General Manager, Community Development Department.
- The General Manager of Community Development Department will mail you the decision within the 60 calendar days or (90 days for discrimination complaints) from when you file the complaint.

The written decision will contain the following information:

- The names of the parties involved;
- Complaint issues;
- A statement of the facts;
- The Hearing Officer's recommended decision and the reasons for the decision;
- The General Manager's decision;
- A list of solutions;
- Your right to request an appeal to the State Review Panel, within 10 days of the receipt of the decision.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

- Any complaint involving discrimination should be filed with either the City of Los Angeles, EO Compliance Unit or Department of Labor, Civil Rights Center (CRC). You may file a complaint within 180 days from the incident.

City of Los Angeles
Community Development Department
1200 West 7th Street, 4th Floor
Los Angeles, CA 90017
Attn: Eileen Scally, EO Compliance Officer

Telephone Number: (213) 744-7277
TDD: (213) 744-7290
FAX: (213) 744-7289
Email: Eileen.Scally@lacity.org

OR

4

Acknowledgements

Orientation (Form1)

The signature appearing below verifies that I, _____, have received Information pertaining to the ETP vision and mission, and VSEDC's supportive services.

Signature

Date

VSEDC Customer Complaint Resolution Procedures (Form 2)

I, _____, have received a copy of the VSEDC Customer
(PLEASE PRINT NAME)
Complaint Resolution Procedures and I understand them.

Signature: _____ Date: _____

City of Los Angeles Customer Complaint Resolution Procedures (Form 3)

I have received a copy of the City of Los Angeles WIA Summary of the Complaints Resolution Procedures and I understand them.

Name

Date

Was notice given in another language? _____

Was notice accessed in an alternate format? _____

**CITY OF LOS ANGELES
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
SELF-CERTIFICATION FORM**

Information on annual family income is required to determine client eligibility for certain services funded by the City of Los Angeles through the Community Development Block Grant (CDBG) program. Each applicant for assistance must find the row with the number of persons in their family and circle the family income range in that row.

NOTE: "Income" is the total annual income of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income whether or not the family member receives assistance. Types of income to be included are: wages, tips, self-employment income, interest/dividends, SSI or other public assistance, social security or other income received on a regular basis such as VA payments, retirement benefits, unemployment compensation, etc.

2016 CDBG Income Guidelines– Circle the appropriate box:

Family Size	Extremely Low-Income	Very Low-Income "Low"	Low-Income "Mod"	Above 80% of Median Income
1 Person	\$0 - \$18,250	\$18,251 - \$30,400	\$30,401 - \$48,650	\$48,651 +
2 Person	\$0 - \$20,850	\$20,851 - \$34,750	\$34,751 - \$55,600	\$55,601 +
3 Person	\$0 - \$23,450	\$23,451 - \$39,100	\$39,101 - \$62,550	\$62,551 +
4 Person	\$0 - \$26,050	\$26,051 - \$43,400	\$43,401 - \$69,450	\$69,451 +
5 Person	\$0 - \$28,440	\$28,441 - \$46,900	\$46,901 - \$75,050	\$75,051 +
6 Person	\$0 - \$32,580	\$32,581 - \$50,350	\$50,351 - \$80,600	\$80,601 +
7 Person	\$0 - \$36,730	\$36,731 - \$53,850	\$53,851 - \$86,150	\$86,151 +
8 Person	\$0 - \$40,890	\$40,891 - \$57,300	\$57,301 - \$91,700	\$91,701 +

Presumed Low- and Moderate-Income Persons

In some cases, a funded program may generally presume that an individual meets the federal income requirements because the funded activity(ies) exclusively serve a group of persons in any one or a combination of the following 8 categories. If using this method to certify eligibility, a client must check the box next to the category(ies) of which they are a member:

"Severely disabled" Adult	<input type="checkbox"/>	Persons Living with AIDS	<input type="checkbox"/>
Elderly Persons (62 and older)	<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>
Battered Spouse	<input type="checkbox"/>	Migrant Farm Workers	<input type="checkbox"/>
Homeless Persons	<input type="checkbox"/>	Abused Children	<input type="checkbox"/>

Race (check one of the following 10 categories):

American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaskan Native AND White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Asian AND White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Black/African American AND White	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native AND Black/African-American	<input type="checkbox"/>
White	<input type="checkbox"/>	Balance / Other	<input type="checkbox"/>

Ethnicity (check one):

Hispanic / Latino	<input type="checkbox"/>
Not Hispanic / Latino	<input type="checkbox"/>

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate- income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Los Angeles and/or the U.S. Department of Housing and Urban Development (HUD).

I therefore authorize such verification, and will provide supporting documents if requested. I acknowledge providing false information shall be grounds for termination from the program / services.

Applicant's Name (Please Print): _____

Applicant's Signature _____ **Date** _____
(Signature of a parent or guardian person to receive services is a minor)

Applicant's Address _____

Agency Staff Name (Please Print): _____ Date _____

Agency Staff Signature _____



HUD JOB CREATION AND RETENTION CERTIFICATION FORM

This is a confidential form to be used for reporting job creation and retention for monitoring purposes only for the City of Los Angeles, Economic and Workforce Development Department, Economic Development Division.

EMPLOYEE SECTION - This section is to be completed by the employee for each new job created or retained.

Ethnic Origin. Please check one or more as it applies to you.

- White (not Hispanic Origin)
- Black (not Hispanic Origin)
- American Indian or Alaskan Native
- Hispanic
- Asian or Pacific Islander
- Other: _____

Certification of Low to Moderate Income Status. Please check one of the following boxes:

- My household's yearly income is less than or equal to the income shown below for my family size.
- My household's yearly income is more than the income shown below for my family size.

Family Size	1	2	3	4	5	6	7	8
Family Income	\$48,650	\$55,600	\$62,550	\$69,450	\$75,050	\$80,600	\$86,150	\$91,700

Employee Name: _____ Street Address: _____
 Position Title: _____ City, State & Zip: _____
 Telephone #: _____ Employee Signature _____

EMPLOYER SECTION (FOR JOB CREATION AND JOB RETENTION) - This section is to be completed by the employer. Complete one form for each job created or retained.

Employer's Name: _____
 Company Name: _____
 Address & Telephone: _____ () _____

Employee Information: Full Time Part Time # of Hours/Week _____
 Was this person hired to fill a new position? Yes No
 Was this position retained? Yes No

The employee signing this certificate was hired for employment starting (Date): _____
 Rate (Hourly Pay): _____

Mark and initial only for job retention: In accordance with CFR 570.506(b)(5) I certify that this position was threatened by business downsizing or closure, layoff, out of area relocation or it was a vacant position that our business could not fill if it wasn't for Community Development Block Grant (CDBG) funded business assistance services. I hereby also certify that the job is held by a low or moderate income person, or it will be turn over within the following two years, and steps will be taken to ensure that the job will be filled by or made available to a low or moderate income person. **Initial:** _____

Initial for job creation and retention: In accordance with CFR 570.506(b)(5) if this job is not held by a low or moderate income person, I certify that I took reasonable action to ensure that low to moderate income persons received first consideration for filling this position. I also certify that this job is reasonably expected to turn over to a low or moderate income person within two years. **Initial:** _____

Signature of Company Representative: _____ Date Signed: _____

BSC STAFF SECTION

I certify that the above information is accurate and is subject to verification by government officials.

BSC Name: _____ Print Staff Name: _____

Signature of the Staff: _____ Date Signed: _____