



CITY OF LA HABRA – MICROBUSINESS STABILIZATION PROGRAM

APPLICATION CHECKLIST

Business Name: _____

Applications shall be mailed or hand delivered to the following address. The City shall conduct a lottery to randomly order all applications and preliminarily select the businesses to be considered for funding. Incomplete applications will not be considered.

City of La Habra Community Development Department
Attn: Microbusiness Stabilization Program
110 East La Habra Boulevard
La Habra, CA 90631

Note: Applicant name must be consistent throughout the application. This checklist is provided to assist you in ensuring that your application submission is complete. Please provide all of the following:

THIS CHECKLIST MUST BE SUBMITTED AS PART OF THE APPLICATION

Application package must include the following completed forms and attachments:

- City of La Habra Application Form
- Low- or Moderate-Income Certification and Documentation (Attachment A)
- Duplication of Benefits certification (Attachment B)
- Information for Government Reporting (Attachment C)

Supporting documentation required includes:

- [W-9 Form](#)
- Articles of Incorporation or Partnership Agreement, Limited Liability Company Articles of Organization
- Supporting documentation of impact of COVID-19 pandemic on business (may include documentation showing revenue for January and February 2020 and comparing to monthly revenue in March, April, May or June 2020 or documentation that the cost of doing business increased as a result of COVID-19 pandemic)
- Most recent IRS Form 941 and California DE-6 and DE-9 Forms
- Most recent Federal Income Return (Form 1040 or Form 1040 EZ) for business owner and all family members over the age of 18
- Current month bank statement(s) for business owner and all family members over the age of 18, include all pages of bank statement
- Copy of State Identification Card or Driver's license
- Copy of business license



Supporting documentation showing how grant funds will be used (e.g. copy of lease showing monthly rent, estimate of PPE costs, or documentation of payroll costs)

(no original documents should be submitted as the City will maintain copies of all documents)

Incomplete applications will not be considered for assistance

If you have questions while preparing the application, you may contact Susan Louie (slouie@lahabracal.gov) or via phone at (562) 383-4111.

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Microbusiness Stabilization Program - Application

Full legal name of company and DBA (if applicable):		Tax ID number or SSN:	Business Phone: Home Phone: Email:
Street address		City Zip Code	State
Business address:		City Zip Code	State
Description of business			
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> SUBCHAPTER-S CORPORATION			

COMPANY OWNERSHIP (list all owners, principals and officers –add additional lines if necessary)

Name	Title	% of Ownership

BUSINESS INFORMATION

Number of Employees (including full-time, part-time, and intermittent employees):	
Primary Owner current income and family size (submit Attachment A and supporting documentation)	Family Size: ____ Owner Current Income: \$ _____
Length of time you have been doing business in La Habra (provide business start date):	
DUNS Number (if you have applied, but have not yet received your DUNS number, attach documentation of DUNS application):	
Is the business licensed to do business in La Habra?	
Do you own the property your business now occupies?	
Do you have a lease for the property your business occupies?	
Was rent current as of March 1, 2020?	
What is the monthly lease amount?	



COVID-19 IMPACT

In order to be eligible for the Business Assistance programs, 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 as necessary:

Impact Type

- Loss of revenue
- 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.
- **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.



PROPOSED BUDGET

Applicants should provide supporting documentation justifying costs. Total budget cannot exceed \$2,500.

Use of Funds: (Enter Dollar Amounts)	Description (provide a brief description)	Costs
Rent		
Payroll		
Gas/Electricity Utilities		
PPE		
TOTAL		

- Does the business require other external assistance to open/ remain open? Yes _____ No _____
 If yes, please explain and summarize the status of the other forms of assistance. _____

- Please describe how this assistance will enable the business to continue operation/ re-open/ expand service delivery? _____

MISCELLANEOUS - If answered "Yes," provide detail. Attach separate sheet if necessary.)

Has your business filed bankruptcy or defaulted on any debts within the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business use or store any hazardous materials, or produce toxic waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business a party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business owe any taxes or fees for years prior to the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the business conflict with the Conflict of Interest policy as stated in the Microbusiness Stabilization Program Guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



DUPLICATION OF BENEFITS

In order to be eligible for the Microenterprise 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.

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

1. Have you applied for any other governmental assistance because of the COVID 19 emergency? _____

If yes, please complete the table below and attach additional pages if necessary.

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

2. Is CDBG replacing any other federal/ non-federal source? _____ If yes, attach explanation.

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



CERTIFICATION

My signature (on this application) certifies under penalty of perjury that the above statements and supporting documentation are true and complete. I authorize the City of La Habra to verify or check any of the information given, including requesting additional information and/or documentation as needed.

Authorized signature

Authorized signature

Print Name, Title

Print Name, Title

Social Security or Tax ID No. Date

Social Security or Tax ID No. Date

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ATTACHMENT A: INCOME CERTIFICATION AND DOCUMENTATION

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

Current Annual Family Income: \$ _____

Circle your family size:

# of People in Family	1	2	3	4	5	6	7	8
Max. Family Income	\$71,150	\$82,000	\$92,250	\$102,450	\$110,650	\$118,850	\$127,050	\$135,250

**80% Area Median Income for Santa Ana/Anaheim/Irvine MSA (effective July 1, 2020)*

I/We certify that the family size and annual family income listed above are accurate. I/We have completed the Income Documentation worksheet and provided copies of all required supporting documentation.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
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Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

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.



Worksheet 1: Current MONTHLY Income

INCOME SOURCE	APPLICANT	HEAD/ CO-HEAD OF HOUSEHOLD	OTHER HOUSEHOLD MEMBERS 18 OR OLDER	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 the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family). A deduction for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation as provided in Internal Revenue Service regulations.	\$	\$	\$	\$
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. If the family has net family assets in excess of \$5,000, income shall be equal to the greater of the actual income derived from all net family assets or the current passbook savings rate (as determined by HUD) of 0.06% multiplied by the value of such assets.	\$	\$	\$	\$
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.	\$	\$	\$	\$



Any public assistance or 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.	\$	\$	\$	\$
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. Report total amount received.	\$	\$	\$	\$
Total Present GROSS Monthly Family Income			A	\$
Multiply by 12 months in a year			B	<u>X 12</u>
A times B is equal to TOTAL ANNUAL INCOME			C	\$

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INCOME DOCUMENTATION

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

Table 1: Income Documentation Requirements

If you or a member of your family have income from any of the following sources:	You are required to submit the following documents:	Covering the following period(s) of time:
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 and most recent tax year filed.	January 1, 2020 – February 29, 2020 - AND - March 1, 2020 – Current
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 (all pages)	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 (all pages)	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 (all pages) Unemployment insurance benefits and payment history page	Most recent three (3) months From March 15, 2020-present
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 (all pages)	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 (all pages)	Most recent three (3) months



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)

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. 9858q)

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[l])

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)).



ATTACHMENT B: DUPLICATION OF BENEFITS CERTIFICATION

I/We, as the owners of _____ business located in the City of Habra, certify that we comply with the City of La Habra's Duplication of Benefits Policies and Procedures.

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 Microbusiness Stabilization 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 City of La Habra.

BUSINESS OWNER(S)		
Signature	Printed Name	Date
Signature	Printed Name	Date

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.



**ATTACHMENT C: INFORMATION FOR GOVERNMENT REPORTING
(STATISTICAL INFORMATION)**

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form is **MANDATORY** and **WILL NOT** be used to evaluate your application for participation in the Microenterprise Assistance Program.

Business Name: _____

APPLICANT	CO-APPLICANT
PLEASE MARK ONE :	PLEASE MARK ONE :
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> BLACK / AFRICAN AMERICAN
<input type="checkbox"/> ASIAN	<input type="checkbox"/> ASIAN
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER	<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE
<input type="checkbox"/> ASIAN & WHITE	<input type="checkbox"/> ASIAN & WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE	<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
HEAD OF HOUSEHOLD: HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD OF HOUSEHOLD: HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DOES ANY FAMILY MEMBER HAVE A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	