



CITY OF ROSEMEAD
COVID-19 Business Assistance Program
 8838 E. Valley Boulevard, Rosemead, CA 91770

QUESTIONS

EMAIL: RosemeadSBAP@housingprograms.com **CALL:** (626) 569-2153

APPLICATION CHECKLIST

This checklist is only provided for an applicant’s information and used during the preparation of the application. All documents listed on this page are required to be submitted with your business assistance application.

DOCUMENT CHECKLIST		Check Box						
Completed Application.								
Valid City of Rosemead Business License.								
Valid California driver’s license or identification card for each business owner.								
Business Bank statements:								
1.	January 1, 2020 through December 31, 2020							
2.	January 1, 2021 through December 31, 2021							
3.	January 1, 2022 through December 31, 2022							
Business income tax returns:								
1.	2019 business tax return							
2.	2020 business tax return							
3.	2021 business tax return							
Commercial lease agreement showing the amount of lease.								
Duplication of Benefits Statement (provided by the City).								
Proof of Payment of Business Expenses that are Equal to or less than your Business Revenue Loss not covered by another source of COVID-19 assistance. All receipts/statement must be dated on or after April 1, 2020. Examples include:								
	<table border="1"> <tr> <td>Commercial rent</td> <td>Utility Bills</td> <td>Employee Payroll</td> <td>Commercial mortgage</td> <td>Insurance</td> <td>Supplies</td> </tr> </table>	Commercial rent	Utility Bills	Employee Payroll	Commercial mortgage	Insurance	Supplies	
Commercial rent	Utility Bills	Employee Payroll	Commercial mortgage	Insurance	Supplies			
Provide copies of receipts, mortgage statements, landlord statemen, cancelled checks or credit card statements showing the expenses and the payment.								
CHOOSE ONE (1) OF THE FOLLOWING – PLEASE READ APPLICATION FOR MORE INFORMATION.								
IF APPLYING AS A BUSINESS LOCATED IN A LOW- AND MODERATE-INCOME AREA <i>(Your business must provide a service to the immediate area.)</i>								
<u>Low- and Moderate-Income Area Certification:</u>								
IF APPLYING AS A LOW- AND MODERATE-INCOME BUSINESS OWNER								
Business owner(s) self-certification of household income (provided by City).								
2021 <u>personal</u> tax return (2020 if 2021 has not been filed plus 12 months personal bank statements). Business owner and all members of household 18 years of age and older.								
Proof of income for all persons in the business owner(s) household over the age of 18 (two current paystubs, 2021 tax return, pension statement, social security aware statement.)								
Last 6 months personal bank statements for all persons in the business owner(s) household over the age of 18.								
Proof of full-time student status (12 or more units) for persons 18 years of age and older, if applicable.								
IF APPLYING AS AN EMPLOYER OF LOW- AND MODERATE-INCOME EMPLOYEES								
Employee self-certification(s) income completed by 51% of employees on payroll plus current pay stub for each employee completing the certification								
EDD Quarterly Contribution Return and Report of Wages (ending June 30, 2022) (Form DE 9 and DE 9C)								



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The City of Rosemead is providing business assistance to address the adverse repercussion of the novel coronavirus to the economy and to jobs. The City's Business Assistance Program will provide grants to qualified Rosemead businesses undergoing financial hardship as a direct result of COVID-19. Businesses that received funding through the first and second rounds of program assistance can apply.

APPLICATIONS ARE BEING ACCEPTED ON A FIRST-COME, FIRST-SERVED BASIS AND AWARDED AS PERMITS.

Eligible Businesses - All businesses assisted under the Program must meet **ALL** of the following requirements:

- Be located in the City of Rosemead and have a physical location (bricks/mortar building).
- Have been operational prior to March 1, 2020.
- Have a valid and current City of Rosemead business license.
- Have no outstanding code violations with federal, state or local governments; Have no liens against the business.
- Must obtain a Unique Entity Identification number if awarded a grant.
- Meet one of HUD's criteria of a low- and moderate-income benefit as follows:
 - Located in a U.S. Department of Housing and Urban Development (HUD) defined low- and moderate-income area and provide a service to the area;
 - Owned by a low- and moderate-income person(s); or
 - Willing to retain or create low- and moderate-income jobs.
- Have a verifiable loss of revenue/income due to COVID-19 that justifies the need for assistance.
- Has not received from other sources for the payment of the same business expenses, including federal, state or county governments, the Small Business Administration (SBA), the Chamber of Commerce, etc. which would be considered a duplication of benefit provided by the City.
- Submit completed application and supporting documentation online, or by mail; Incomplete applications will be rejected/denied.

Grant Assistance - Assistance on the average of \$25,000 or more will be provided to qualified businesses in the form of reimbursement to the business for operating expenses as far back as April 1, 2020 including, but not limited to:

- Commercial rent
- Commercial mortgage (Building is owned by the business and the business operates out of the building and has no tenants)
- Advertising and marketing
- Employee payroll and benefits (employees do not include owner(s) of the business)
- Insurance
- Supplies
- Utilities
- Expenses related to creating outdoor eating area
- Other COVID-19 related expenses

All applications will be reviewed to establish qualification for the program.
All awardees will be contacted and provided with further information regarding the award.



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Application

Primary Contact - First Name*

Primary Contact - Last Name*

Primary Contact - Phone #*

Primary Contact - Email*

PART 1: PROGRAM QUALIFICATIONS

Type of Business (Describe your business. What does it sell or what type of service does it provide?*

Does your business have a physical (brick and mortar) location in the City of Rosemead?*

YES NO

Choose One:

I Rent a Retail Space I Own a Retail Space I Work out of my Home

Years in Business:*

#Number of Full-Time Employees*

#Part-Time Employees*

#Owners*



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City of Rosemead Business License:*

- YES - I have a current/valid City of Rosemead business license.
- YES - I have an expired City of Rosemead business license.
- NO - I do not have a City of Rosemead business license.

Are there any tax liens against your business?*

- YES NO

Has your business experienced a dramatic loss of revenue/income and cannot pay your commercial rent due to COVID-19?*

- YES NO

Has your business received any other business assistance **for the payment of your business rent that will be paid by the City of Rosemead**, including federal, state or county governments, the Small Business Administration, the Chamber of Commerce, etc? If applicant found to have Duplication of Benefit (DOB) your City of Rosemead award will need to be repaid.)

- YES NO



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NATIONAL OBJECTIVE REQUIREMENT

Under the Community Development Block Grant Program (CDBG) regulations, use of CDBG funds for business activities must meet a National Objective. The City of Rosemead has selected the low- and moderate-income benefit National Objective for its program. Therefore, businesses qualifying for assistance through the City's Small Business Assistance Program must meet **ONE** of the following HUD low- and moderate-income criteria:

Low- and Moderate-Income Area (LMA) - The business is located in a HUD-defined low- and moderate-income area and provides a service to the area and your clients live in the neighborhood. You will be required to complete the [Low- and Moderate-Income Area Certification](#) form. Businesses that **do not** qualify under this criteria, include but are not limited, to professional service businesses (doctor's offices, real estate brokers/agents, financial planners, auto brokers, insurance brokers, attorneys, paralegals, accountants, etc.), printing shops, shipping agencies, and travel agencies. [See attached map.](#)

Low- and Moderate-Income Clientele (LMC-1) - The business provides job training and placement or other **employment support services** such as peer counseling, childcare, and transportation **and** at least 51% of the persons benefiting from the business activity are low- and moderate-income (i.e., household's whose income is at or below 80% of the Los Angeles median income, adjusted for household size. **REFER TO INCOME CHART BELOW.**

Low- and Moderate-Income Clientele (LMC-2) - The business owner's **current** household income is at or below 80% of the Los Angeles median income, adjusted for household size. You will be required to complete the [Self-Certification of Business Owner Annual Household Income](#) form. **REFER TO INCOME CHART BELOW.**

Low- and Moderate-Income Jobs (LMJ) – The business intends to create or retain at least one "full-time equivalent", permanent low- and moderate-income job and the business can show that 51% of its employees on payroll are low- and moderate-income, full-time or "full-time equivalent" permanent employees. A low-and moderate-income job pays no more than \$66,750* yearly to the employee. "Full-time equivalent" permanent employee means part-time permanent employees can be counted as full-time when the combined weekly work hours of the part-time employees are at least 40 hours. (Example: Joe works 10 hours per week, Martha works 10 hours per week and Helen works 20 hours per week. Combined they work 40 hours per week so they count as one full-time employee).

You will be required to complete the [Low- and Moderate-Income Employee form](#) if you apply under the LMJ category.

"Full-time equivalent" permanent employee (FTE) means part-time permanent employees can be counted as full-time permanent employees when the combined weekly work hours of the part-time permanent employees are at least 40 hours. (Example: 2 people own the business and the business employs 3 part-time employees: Joe works 15 hours per week, Martha works 15 hours per week and Helen works 20 hours per week. Combined the employees work 55 hours per week). To calculate the number of FTE, add the number of weekly hours that all of the part-time employees work. In this case, it is 55 hours. **D i v i d e** the number of weekly part-time hours by 40. 55 weekly hours divided by 40 equals 1.375 [55/40 = 1.375]. This number (1.375) is rounded up to the nearest whole number which is 2. This business has two (2) FTE. This business will qualify as a microenterprise because it has two owners plus two FTE employees which equals 4 employees.

Maximum Annual Household Income

Household Size	1	2	3	4	5	6	7	8
Max Moderate Income (80%)	\$ 66, 750	\$ 76,250	\$ 85,800	\$ 95,300	\$ 102,950	\$ 110,550	\$ 118,200	\$ 125,800

QUESTIONS ON HOW TO CHOOSE THE NATIONAL OBJECTIVE THAT APPLIES TO YOU CAN BE DIRECTED TO (626) 569-2153.



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ELIGIBILITY - Please Select **One** that best fits how your business meets the National Objective of Low-to-Moderate Income.

LMC - the business owner, qualifies as a Low- and Moderate-Income household.

LMJ - My business employs permanent jobs where at least 51% of my employees are paid wages/salaries that are at or below \$66,750 (before taxes or any other deductions) per year.

LMA - My business is a local eatery, barber, salon, retail store, grocery store/market, or similar business whose patrons/clients live in the neighborhood.

My business does NOT meet any of the above criteria for a low-income benefit. (You are not eligible to apply.)

CONFLICT OF INTEREST POLICY

Applicants for business assistance shall not be an employee, agent, consultant, officer or elected official or appointed official of the City of Rosemead who exercises or has exercised any function or responsibilities with respect to activities relating to this Program or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or financial benefit from this Program, or the proceeds from such activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

Conflict of Interest Acknowledgement*

- I do NOT have a conflict of interest.
 I DO have a conflict of interest. (You are not eligible to apply.)

Is the Applicant (if an individual) or any individual owner 20% or more of the equity presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal department or agency or presently involved in any bankruptcy?

- YES (You are not eligible to apply.)
 NO

Is the Applicant (if an individual) or any individual owning 20% or more of the equity subject to an indictment, criminal investigation, arraignment or other?

- YES (You are not eligible to apply.)
 NO

Has the Applicant (if an individual) or any individual owning 20% or more of the equity ever obtained a direct or guaranteed loan from the SBA or any other federal agency that is currently delinquent or had defaulted in the last 7 years or caused a loss to the government?

- YES (You are not eligible to apply.)
 NO

Has the Applicant (if an individual) or any individual owning 20% or more of the equity been convicted within the last 5 years, for any felony: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; 5) been placed on any form of parole or probation?

- YES (You are not eligible to apply.)
 NO



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PART 2: BUSINESS RENTAL INFORMATION

Dollar Amount Monthly Rent:

I am behind on my business rent:

 YES NO

Landlord Name or Contact Name:

Landlord or Management Company Address*

City

State

Zip code

Landlord Phone*

Landlord Email*

ATTACH - Copy of Rental Agreement/Lease:*



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PART 3: BUSINESS OPERATIONS INFORMATION

Business Name*

Business Address*

City

State

Zip code

Unique Entity Identifier (UEI) Number (for business owner):*

IMPORTANT: If you don't have a UEI number for your business enter "I have applied" in the box below AND apply at www.SAM.gov. and attach proof of application in any one of the application form upload boxes.

Your UEI Number is required to participate in the SBAP Program.

UEI Number:

Federal Tax ID or EIN

Business Owner/Applicant Social Security Number*

ATTACH - Copy of Valid City of Rosemead Business License:*

ATTACH - Valid California Driver's License or Identification Card with your name and address.*

ATTACH - Business Tax Return.*

2019 BUSINESS federal tax return (all pages and schedules); 2020 BUSINESS federal tax return (all pages and schedules); and 2021 BUSINESS federal tax return (all pages and schedules).

ATTACH - Personal Tax Return (All members 18 years of age and older in the business owner(s) household.*

2021 PERSONAL federal 1040 tax return (all pages and schedules); Or

2020 PERSONAL federal 1040 tax return (all pages and schedules) if 2020 has not been filed yet.

ATTACH - Proof of Income (All members 18 years of age and older in the business owner(s) household.*

Two months recent pay stubs, pension statement, social security award statement, etc. 6 months most recent personal checking account statement - all pages and all accounts



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Business Mailing Address* [text input field]

Sole Proprietorship?* [radio] Yes [radio] No Corporation [radio] Yes [radio] No

List ALL Proprietors/Business Partners Below:

Owner Name (1) First and Last* [text input field]

Owner Name (2) First and Last* [text input field]

% of Ownership (1)*: [text input field]

% of Ownership (2)* [text input field]

LOSS OF INCOME - By submitting this application, I am stating that my business has a verifiable loss of revenue/income due to COVID-19 that justifies the need for assistance. Bank statements will be used to verify business loss.

ATTACH - Business Bank Statements or Personal Bank Statements if used for Business deposits (January 1, 2020 through December 31, 2020 - 12 months AND 2020 federal Business Income Tax Return (all pages).*

At the end of the application, I will certify the document(s) is/are attached. My application will be denied if it is not attached.

NAME OF BUSINESS OWNER(S) AND LIST OF EMPLOYEES (full and part-time):

Employee Name (First and last):* [text input field] Full or Part-Time:* [text input field] Hours Per Week:* [text input field]

Employee Name (First and last):* [text input field] Full or Part-Time:* [text input field] Hours Per Week:* [text input field]

Employee Name (First and last):* [text input field] Full or Part-Time:* [text input field] Hours Per Week:* [text input field]

Employee Name (First and last):* [text input field] Full or Part-Time:* [text input field] Hours Per Week:* [text input field]

Employee Name (First and last):* [text input field] Full or Part-Time:* [text input field] Hours Per Week:* [text input field]

Employee Name (First and last):* [text input field] Full or Part-Time:* [text input field] Hours Per Week:* [text input field]



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Acknowledgment:

I/We understand that this grant is being provided by the City of Rosemead based solely upon the information that you have provided in this application. I/We am/are also verifying that there are no outstanding tax liens or legal judgments against the business.

Certification:

I/We certify that the information provided in this application is true and complete to the best of my knowledge as of the date set forth opposite my/our signature(s) in this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties. Neither I/We nor my business have received other government grant funds for the payment of commercial rent and I/We understand that if I/We am/are found to have received or receive funds in the future for the payment of commercial rent that I/We am/have Duplication of Benefit (DOB) and my/our City of Rosemead award will need to be repaid.

I/we agree to provide, upon request, documentation on all income sources to the City of Rosemead and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form **authorizes** the City of Rosemead to **verify all** sources of incomes and/or **including**, but limited to, the submittal of a request to the Employment Development Department/Unemployment Agency to verify any **unemployment benefits** currently being received. I/We also agree that this form authorizes the City to verify the business owner(s) Small Business Administration (SBA) loans/ grants received for this business in connection with the coronavirus pandemic and/or CARES Act.

By signing below, I/We certify that the above statements are true and correct to the best of my knowledge. I/We understand that a false statement may disqualify me from benefits.

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (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.

All boxes below must be read and checked off or the application will be deemed incomplete and denied.

Certification - City of Rosemead Business License*

I/We certify that the City of Rosemead license for the business OR a copy of the receipt for the purchase of the business license has been attached to this application.

Certification -UIE Number*

I/We certify that evidence of the business D-U-N-S number has been attached to this application or I will obtain a D-U-N-S number if my business is awarded a grant.

Certification - Valid Business Owner Identification*

I/We certify that valid identification for all business owners has been attached to this application.

Certification - 2019, 2020 and 2021 Federal Business Tax Return*

I/We certify that a complete copy of the 2019, **2020 and 2021** federal business income tax return has been attached to this application.



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Certification - 2020 Federal Business Tax Return*

- I/We certify that a complete copy of the **2020** federal business income tax return has been attached to this application

Certification - Business Bank Statements*

- I/We certify that I/we have attached to this application business bank statements for January 1, 2020 through June 30, 2022.

Certification - Business Commercial Lease*

- I/We certify that business lease agreement has been attached to this application.

Certification - Small Business Administration/Governmental COVID-19 Financial Assistance Docs*

- I/We certify that COVID-19 Small Business Administration (SBA) and/or other COVID-19 assistance documentation has been attached to this application OR that I have not received any financial assistance through the SBA or other governmental agencies.

Certification - Low- and Moderate-Income Area Certification (LMA)*

- I/We certify that I/we are applying under the HUD criterion that my business provides a service to the surrounding residential area/neighborhood and the City of Rosemead LMA Certification has been attached to this application OR I/we have selected the LMJ or LMC HUD criterion and this does not apply to my/our application.

Certification - Low- and Moderate-Income Business Owner Documents (LMC)*

- I/We certify that I/we are applying as a low- and moderate-income business owner AND the income documentation for all household member 18 and older has been attached to this application - OR I/we have selected the LMJ HUD criterion, and this does not apply to my/our application.

Certification - Low- and Moderate-Income Jobs Documents (LMJ)*

- I/We certify that I/we are applying under the HUD criterion of the retention or creation of low- and moderate-income jobs AND all documents listed in the checklist have been attached to this application. OR I/we have selected the LMC HUD criterion and this does not apply to my/our application.

Acknowledgment and Certification - Application Complete*

- I/We certify that I/we understand that if any application support document is not attached to this application as required, my/our application will automatically be denied.

Signature(s) of All owners*

Printed Name of All owners*



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SELF-CERTIFICATION

EMPLOYEE - ANNUAL GROSS WAGES/SALARY - THIS EMPLOYER ONLY

INSTRUCTIONS: This is a written statement from the employee of a business owner seeking assistance through the City of Rosemead Small Business Assistance Program documenting: (1) the employee’s annual (Gross) Income earned from this employer only where gross income is before any taxes or other deductions are taken out. In accordance with FR-6218-N-01 issued by HUD in response to the nationwide economic impacts of COVID-19, the City of Rosemead will consider the employee income-qualified for the purpose of the retention and/or creation of a low- and moderate income job if the annual wages or salary of the job is equal to or less than the Section 8 low-income limit established by HUD for a one-person family. The current Section 8 low-income limit as of April 1, 2020 is shown below. This one-person income is subject to change by HUD annually.

Employee to complete this certification statement for his/her income from this job. Fill in the blank fields below and circle only what applies to you.

Business Information			
Business Name:			
Business Location/Address:			
	Rosemead, California 91770		
Employee Information			
Employee Name (as shown on payroll):			
Employee Home Address:			
EARNINGS/WAGES			
Current employment with this Business:	Full-Time	Part-Time	Not Employed
Current average work hours per week: _____	Number of months worked per year: _____	Hourly Rate: \$_____	
Frequency of Paycheck (circle one):	Weekly	Every two weeks	Twice a month Once a month
Monthly Salary Rate: \$_____	Other: \$_____		
Average Monthly Tips: \$_____	Monthly Commission/Bonus: \$_____		

Maximum One-Person GROSS Income Limit as of April 1, 2020 <i>(The combined gross income of all adults in the household cannot be higher than shown below.)</i>
1 Person
\$66,750
<u>Gross income defined:</u> All income before any deductions such as taxes, retirement contributions, union dues, etc.



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Employee Income From this Business.

Employee enter annual income anticipated for the next 12 months from this employer only. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. Include anticipated annual commissions/bonuses/tips, etc.

EMPLOYEE – Gross Annual Income	
Annual gross income earned from this employer:	\$

CERTIFICATION

I/we certify that this information contained on this two-page form is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Rosemead (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form **authorizes** the City to **verify all** sources of incomes and/or **including**, but limited to, the submittal of a request to the Internal Revenue Service and Employment Development Department/Unemployment Agency to verify the income documented in this certification.

EMPLOYEE SIGNATURE

Signature	Printed Name	Date
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REQUIRED SUPPORT DOCUMENTATION

EMPLOYEE: Please attach the following with this certification:

1. One month of most recent paycheck stubs from this employer.

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (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.

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Rosemead does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, or services/activities.





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CERTIFICATION BUSINESS OWNER - ANNUAL HOUSEHOLD INCOME

Business	
Business Name:	
Business Location/Address:	Rosemead, California __91770__
Business Owner	
Business Owner Name(s):	
Number of Business Owners: _____	NOTE: Each business owner must complete this form if they are not part of the same household.

INSTRUCTIONS: This is a written statement from the business owner seeking assistance through the City of Rosemead COVID-19 Small Business Assistance Program documenting: (1) the business owner's household annual (Gross) Income where gross income is before any taxes or other deductions are taken out; (2) the number of members in the business owner's household; (3) relevant characteristics of each member of the business owner's household for the purposes of income determination; and (4) the income determination method used by the City for qualification purposes. The City has selected the HUD 24 CFR Part 5 definition of income to be used. The maximum gross household income chart is shown on the next page.

Business owner to complete this certification statement for his/her household. Fill in the blank fields below and check only the boxes that apply to each household member. All adult household members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

BUSINESS OWNER - HEAD OF HOUSEHOLD INFORMATION	
Name: _____	
Home Address: _____	
Phone #: _____	Email: _____
HOW HAS COVID-19 FINANCIALLY NEGATIVELY IMPACTED YOU?	
<input type="radio"/> Our household has not been affected by COVID-19.	
<input type="radio"/> The business I own is our only source of income and is/was shut down due to COVID-19 and has caused a financial hardship on our household.	
<input type="radio"/> This business is not our only source of income. Our household has income from other sources including persons that are employed outside of the business, operate a separate business(es), or have other types of income (retirement, etc.). However, the loss of income from this business due to COVID-19 has caused a financial hardship to our household.	
Other: Briefly explain how you were affected by COVID-19:	



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MEMBERS OF HOUSEHOLD (All Persons Living in Residence)					
R = Retired		DIS = Person with disabilities		S≥18 = Full-time student age 18 or over	
Name of Household Member(s):		Age	R	DIS	S≥18
1					
2					
3					
4					
5					
6					
7					
8					

HEAD OF HOUSEHOLD ONLY - Please check what applies to you.

Race Categories	Check only ONE Race Category	Check if also Hispanic
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	
American Indian or Alaska Native and White	<input type="checkbox"/>	
Asian and White	<input type="checkbox"/>	
Black or African American and White	<input type="checkbox"/>	
American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	
Balance/Other	<input type="checkbox"/>	

HEAD OF HOUSEHOLD ONLY - Please check what applies to you.

62 years or older?	<input type="checkbox"/>	
Disabled?	<input type="checkbox"/>	
Veteran?	<input type="checkbox"/>	
Female head of household?	<input type="checkbox"/>	



CITY OF ROSEMEAD

COVID-19 Business Assistance Program

8838 E. Valley Boulevard, Rosemead, CA 91770

QUESTIONS

EMAIL: RosemeadSBAP@housingprograms.com **CALL:** (626) 569-2153

Section A: Household Income Sources. For each household member below, enter annual income anticipated for the next 12 months. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row.

Income Sources	Person #	Person #	Person #	Person #	Person #	Person #
	1	2	3	4	5	6
Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) (do not include Federal Pandemic Unemployment)	\$	\$	\$	\$	\$	\$
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)	\$	\$	\$	\$	\$	\$
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)	\$	\$	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$	\$	\$
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$	\$	\$
Retirement/Pension/Insurance policy/Annuities	\$	\$	\$	\$	\$	\$
Disability or Death Benefits (disability compensation)	\$	\$	\$	\$	\$	\$
Worker's Compensation and Severance pay	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments (Temporary Assistance to Needy Families)	\$	\$	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits (exclude deferred disability benefits)	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480)	\$	\$	\$	\$	\$	\$
Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit	\$	\$	\$	\$	\$	\$
Other (please describe): _____	\$	\$	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$	\$	\$



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Section B: Income from Assets. Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Household Member #	Assets Categories: Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Current Balance/Cash Value of Asset	Interest/Dividends Earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
Household Member #	Disposed Assets: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Box (B1) Total Value of Assets	Box (B2) Total Income from Assets
		\$	\$

Maximum Household - GROSS Income Limits as of April 18, 2022							
<i>(The combined gross income of all adults in the household cannot be higher than shown below.)</i>							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$66,750	\$76,250	\$85,800	\$95,300	\$102,950	\$110,550	\$118,200	\$125,800
Gross income defined: All income before any deductions such as taxes, retirement contributions, union dues, etc.							
Gross income includes: All gross income (before any deductions) for persons 18 years of age and older including, but not limited to, unemployment, wages, bonuses, social security, pensions, disability, child support, alimony, asset income from retirement accounts, checking accounts, savings account, CDs, stocks, bonds, etc.							



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CERTIFICATION – All Household Members 18 Years of Age and Older Must Sign

I/we certify that this information contained on this two-page form is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Rosemead (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form authorizes the City to verify all sources of incomes and/or including, but limited to, the submittal of a request to the Employment Development Department/Unemployment Agency to verify any unemployment benefits currently being received and verification of taxes.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER HOUSEHOLD ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (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.



In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Rosemead does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, or services/activities.



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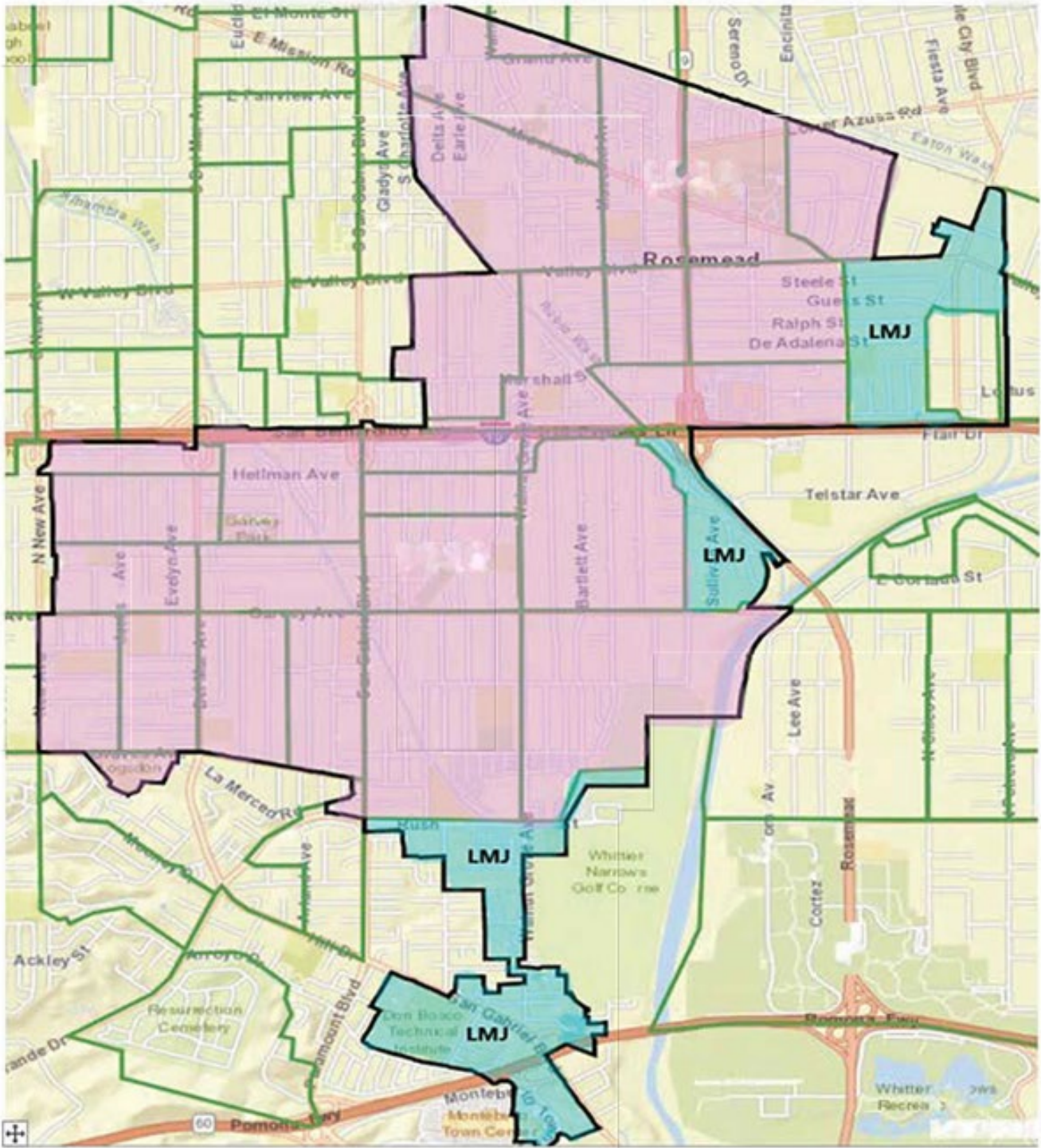


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TO BE COMPLETED BY CITY OF ROSEMEAD	
If the amount in Box (B1) is greater than \$5,000, calculate the imputed value of the assets by multiplying Box (B1) by the Passbook Savings rate of (.06%)	Box (B3) Value of Imputed Asset
	\$
Section B: Total Income from Assets [Greater of box (B2) or (B3)]	\$
Total Household Annual Income (Sections A + B)	\$
CITY OF ROSEMEAD - FORM INCOME REVIEW BY:	
NAME PRINTED:	
SIGNATURE:	



LMA	Business meets HUD low/mod benefit criteria if the persons who patron the business live in the immediate surrounding residential area
LMJ	<ol style="list-style-type: none"> 1. Business retains or creates low- and moderate-income jobs; or 2. Business owner is low- and moderate income



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