

REGIONAL MICROENTERPRISE ASSISTANCE PROGRAM
FAMILY INCOME WORKSHEET - INSTRUCTIONS

Please complete a **Family Income Worksheet (page 2)** for the family of each owner with a 20% or greater share of the business. Note that two owners who are in the same family can complete one form.

Name of owners: enter the legal name(s) of owner(s) who reside in this household

Name of Business: enter the legal name of your business

Date of application: Wait to enter until the date you complete the Regional Microenterprise Assistance application.

Family size: enter the number of family members in your household.

ELIGIBILITY REVIEW If you are completing this form electronically, leave blank and this section will fill automatically. If you are filling out by hand, enter the answers you recorded in each of the eligibility determination sections (see below).

ELIGIBILITY DETERMINATION FROM 2019 INCOME

Family member – List the legal names for all family members and ages for children under 18.

Source(s) of income – List all sources of income for that family member (e.g., salary, wages, SS, SSDI, alimony, etc).

NOTE: For any child age 17 years or younger, enter “N/A.” For any child 18 years or older who is a full-time student, enter “full-time student”.

2019 Form 1040 – Adjusted Gross Income – Line 8b – enter the amount from Line 8b from your 2019 tax form

Alimony – enter the TOTAL amount of alimony received in 2019

Child Support – enter the TOTAL amount of child support received in 2019

Social Security – enter the TOTAL amount of Social Security benefits received in 2019

Other taxable income – enter the TOTAL amount of any additional non-taxable income not included above.

Complete lines 1-4 as instructed. If you entered YES on Line 4, your worksheet is complete. If not, enter NO, and go on to complete the next section.

ELIGIBILITY DETERMINATION FROM 8-WEEK INCOME

For this section, you will enter and document all family income received for the 8 weeks prior to the date of application.

* Do not include income for children 17 or under. Enter “N/A” in the Income source column, leave remaining fields blank.*

*Do not include income for full-time students 18 or over. Enter “full-time student” in the Income source column, leave remaining fields blank. *

Do not include stimulus awards or Pandemic Unemployment amounts in this section.

Family member/Income Source – If a family member has more than one source of income, list each source on a separate line.

Documentation to be provided – list the documentation to be supplied for the income source (e.g., paystubs, bank statements, cancelled checks, etc.)

8-week amount – enter the TOTAL AMOUNT of this source of income for the 8 weeks prior to the application date.

Complete lines 1-6 as instructed.

*****If you require assistance completing this form, need a translation or ADA accommodation, please email micro@fccdc.org*****

**REGIONAL MICROENTERPRISE ASSISTANCE PROGRAM
INCOME-ELIGIBILITY WORKSHEET**

Name of Owner(s)
 Name of Business

Date of application
 Family size

2020 Annual Income Limits Franklin County								
Family size	1	2	3	4	5	6	7	8
Income threshold	49,700	54,650	61,500	68,300	73,800	79,250	84,700	90,200

Eligibility review	
2019 Income <i>from line 4</i>	8-week income <i>from line 6</i>
<input type="text"/>	<input type="text"/>

Eligibility determination from 2019 Annual income			
List all family members and sources of income		List total annual income for family	
Family member	Source(s) of income	2019 Form 1040 - Adjusted Gross Income - line 8b	
		Alimony	
		Child Support	
		Social Security	
		Other non-taxable income	
		Line 1 - enter total 2019 annual income listed above	
		Line 2 - enter family size (# family members)	
		Line 3 - enter income threshold (see chart above)	
		Line 4 - Eligible? Enter yes if Line 1 is LESS than Line 3	

If you are not eligible according to your 2019 Annual Income, please enter "no" and complete the 8-week income section below

Eligibility determination from 8-week income (if not qualified above)			
Family Member	Income Source (list each source on a separate line)	Documentation to be provided (pay stubs, bank statements, cancelled checks, etc.)	8-week amount
		Line 1 - enter total 8 weeks income listed above	
		Line 2 - calculate average monthly income (divide Line 1 by 8)	
		Line 3 - calculate annual income (multiple Line 2 by 52)	
		Line 4 - enter family size (# family members in household)	
		Line 5 - enter income threshold (see chart above)	
		Line 6 - Eligible? Enter yes if Line 3 is LESS than Line 5	