

Business Owner Information Form for Additional Owner(s)

This form only applies to additional "primary" business owners, which are owners having a 20% ownership stake or more in the business. This form is not applicable to Nonprofit organizations.

Name of Business: _____

Name of Business Owner: _____

Is this Business Owner an Authorized Signer for the business? Yes No

Home Address, City/Town, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Is the owner a low-or-moderate income business owner? This is calculated by determining the total family income and comparing it to the following table. Add together the Adjusted Gross Income form Line 8b of Form 1040 from the 2019 IRS Tax Return for each family member in the business owner's home to determine the total family income. (A copy of 2019 personal federal taxes must be submitted as well.)

2020 Annual Income Limits by Family Size for Franklin County, MA								
Family Size	1	2	3	4	5	6	7	8
Income Threshold	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

Yes, total family income is BELOW the threshold for the applicable family size.

No, total family income is ABOVE the threshold for the applicable family size.

Not Applicable

Please check all that apply to this business owner. (The following demographic information is requested to assure the Federal Laws prohibiting discrimination are complied with. While you are not required to furnish this information, you are encouraged to do so.)

Enterprise is LGBTQ-owned

My race is American Indian/Alaska Native

Enterprise is Minority-owned

My race is Asian

Enterprise is Women-owned

My race is Asian and White

I am a veteran

My race is Black/African American

I am a single parent

My race is Black/African American and White

I am 60 years of age or older

My race is Native Hawaiian/Other Pacific Islander

I have a disability

My race is White

My ethnicity is Hispanic or Latino

Does the primary business owner currently work for town government or hold a position on a town board or committee? If yes, please describe position. (This question is asked to determine if there is a potential conflict of interest for accepting grant funds.)

Describe: _____