

**CITY OF STOCKTON
SELF-CERTIFICATION HOUSEHOLD INCOME VERIFICATION
ENTREPRENEURSHIP GRANT**

Following to be completed by the PROGRAM BENEFICIARY

Please check the income you estimate was your total family income and the number of family members residing in your household for the past 12-month period. Income is defined as the total annual gross income of all **family members** 18-years of age or older residing within the home. Family means all persons living in the same household who are related by birth, marriage or adoption.

Check estimated family income for
the past 12 months

Check the number of family members living
in your household during the past 12 months

___ Below \$41,450

___ 1 Person

___ \$41,451 to \$47,400

___ 2 Persons

___ \$47,401 to \$53,300

___ 3 Persons

___ \$53,301 to \$59,200

___ 4 Persons

___ \$59,201 to \$63,950

___ 5 Persons

___ \$63,951 to \$68,700

___ 6 Persons

___ \$68,701 to \$73,450

___ 7 Persons

___ \$73,451 to \$78,150

___ 8 Persons

___ Over \$78,150

OTHER DEMOGRAPHIC INFORMATION

Ethnicity: Hispanic or Non-Hispanic

Race (please check one):

White (Caucasian)

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

American Indian/Alaskan Native & Black

Black/African American & White

Other

Does your family have a **Female Head of the Household**? Yes or No

If this is a new position, were you previously **unemployed**? Yes or No

Program Beneficiary Name: _____

Signature (Parent/Guardian if under 18 years old)

Date