



FOR OFFICE USE ONLY

Received Date: _____

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Pass Number(s) _____

2012 - 2013 City of West Des Moines Business Incubator Program

Funded by the Community Development Block Grant (CDBG) Program through the City of West Des Moines. All of the information requested on this application must be provided in order to be eligible for the West Des Moines Business Incubator Program.

Head of Household: _____

Last
First
Middle Initial

Address: _____ Bldg #: _____ Apt #: _____

City: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

List all members of the household including children and adults.

Name of every household member	Relationship to head of household	Date of Birth	Male/Female	*Hispanic (Y or N)	*Race Use Codes below 1 - 10	Employed/ In School/ Retired/Other	Disabled (Y or N)
	HEAD						

*To assist in evaluating our program activities and sustain support of funding, we request that you provide your household ethnic composition and race. This information will not be used unlawfully in making decisions on program assistance.

Race Codes

- (1)** White **(2)** Black/African American **(3)** Asian **(4)** American Indian/Alaskan Native
(5) Native Hawaiian/Other Pacific Islander **(6)** American Indian/Alaskan Native & White
(7) Asian & White **(8)** Black/African American & White **(9)** American Indian/Alaskan Native & Black/African American **(10)** Other Multi-Racial

INCOME OF MEMBERS OF THE HOUSEHOLD

For each household member age 18 or older, answer the questions below based on current and anticipated income for the 12-month period commencing or anticipated from date of application. Include all full time, part time, or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO
1	Wages, salaries (include overtime, tips, bonuses, commissions, self-employment)?		
2	Does any member work for someone who pays him/her cash?		
3	Regular pay for a member of the armed forces?		
4	Welfare or disability benefits (AFDC, SSDI, GA)?		
5	Worker's compensation?		
6	Unemployment benefits or Severance pay?		
7	Dividends?		
8	Alimony?		
9	Education grants, scholarships or VA student benefits?		
10	Social Security Payments?		
11	Pensions (PERA, railroad, etc.)?		
12	Death benefits?		
13	Retirement benefits?		
14	Annuities or life insurance dividends?		
15	Lump sum payments (insurance settlements, lottery winnings, etc.)?		
16	Net income from rental property?		
17	Regular cash contributions or gifts from individuals not living in the unit?		
18	Other?		

For each question above you answered "YES", please provide more information below.

Question # _____
 Household member: _____
 Income Source (list all if more than one): _____
 Address of Income Source: _____
 Position Held: _____ Telephone: _____
 Date Employed: _____ GROSS income/year : _____

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 Address of Income Source: _____
 Position Held: _____ Telephone: _____
 Date Employed: _____ GROSS income/year : _____

ASSETS OF MEMBERS OF THE HOUSEHOLD

For each household member age 18 or older, answer the questions below based on current and anticipated assets for the 12-month period commencing or anticipated from date of application.

	DO YOU EARN TAXABLE INTEREST IN ANY OF THE FOLLOWING ACCOUNTS?	YES	NO
1	Checking accounts?		
2	Savings accounts?		
3	Stocks?		
4	Capital investments?		
5	Bonds?		
6	Trusts?		
7	Securities?		
8	IRA/KEOGH accounts?		
9	Certificates of Deposits (CD's)?		
10	Pension/Retirement Funds?		
11	Mutual funds?		
12	Treasury Bills?		
13	Are any assets held jointly with another person?		

For each question above you answered "YES", please provide more information below.

Question # _____
 Household Member's Name _____
 Name of Bank or Financial Institution _____
 Contact Name _____ Telephone Number _____
 Account Amount \$ _____
 Does the account earn interest? ___ Yes ___ No If yes, how much interest is earned? _____

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 Contact Name _____ Telephone Number _____
 Account Amount \$ _____
 Does the account earn interest? ___ Yes ___ No If yes, how much interest is earned? _____

The applicant(s) certifies that all information in this application, and all information furnished in support of this application true and complete to the best of the applicant's knowledge and belief. The applicant(s) understands that any intentional misrepresentation may disqualify him/her from obtaining assistance under the West Des Moines CDBG Program.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . .or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documentation knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Signature of Applicant: _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____