

**TOWN OF CORYDON – SMALL BUSINESS ASSISTANCE GRANTS
CDBG COVID-19 IMMEDIATE RESPONSE
CV-CV1-119**

Name of Business/Applicant: _____

Employee Initials: _____

Employee Average Hours Worked in a 7-day Period: _____

The Town of Corydon is utilizing this form to document eligibility for the OCRA CDBG COVID-19 Small Business Assistance Program. If you have any questions concerning this document, please call Jill Saegesser with The Wheatley Group at (502)396-6202.

1. Determine the correct number of person(s) in your family and circle that number in the appropriate box below.
2. Look at the amount of money listed in the block that is circled. Is the total family income above or below that amount of money? (see instructions for calculating income)
3. Place a check after either "Above" or "Below" to match the appropriate answer in Question 2.

1 Person \$ 42,800 Above <input type="checkbox"/> Below <input type="checkbox"/>	2 Persons \$ 48,900 Above <input type="checkbox"/> Below <input type="checkbox"/>	3 Persons \$ 55,000 Above <input type="checkbox"/> Below <input type="checkbox"/>	4 Persons \$ 61,100 Above <input type="checkbox"/> Below <input type="checkbox"/>	5 Persons \$ 66,000 Above <input type="checkbox"/> Below <input type="checkbox"/>	6 Persons \$ 70,900 Above <input type="checkbox"/> Below <input type="checkbox"/>	7 Persons \$ 75,800 Above <input type="checkbox"/> Below <input type="checkbox"/>	8 Persons \$ 80,700 Above <input type="checkbox"/> Below <input type="checkbox"/>
--	---	---	---	---	---	---	---

The income limits listed in the boxes above are from the county of Harrison:

FAMILY RACIAL/ETHNIC INFORMATION:	
Respondents may refuse to provide the following information by marking this box: Refuse to Answer	
Number in Family	Of Hispanic Origin
White	
Black/African American	
Black/African American and White	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/ Alaskan Native and White	
Asian and White	
American Indian/Alaskan Native and Black/African American	
Other Multi-Racial	
TOTAL PERSONS IN FAMILY:	

Family Make-up:

Enter number of elderly or severely disabled family members.

Number of Elderly (age 62 and over):

Number of Severely Disabled:

Indicate with an "X" if a female head of household is present: Yes ☐ No ☐

Date this Form Was Completed: _____

Check box if answer to Question 3 is "Below" ☐

**TOWN OF CORYDON – SMALL BUSINESS ASSISTANCE GRANTS
CDBG COVID-19 IMMEDIATE RESPONSE
CV-CV1-119**

INSTRUCTIONS FOR COMPLETING INTAKE FORM

1. Name of Business/Applicant

List the name of the Business/Applicant applying for assistance from the Town of Corydon

2. Employee Initials

The employee should list their initials in this space. This will help to maintain confidentiality of income verification for the employee.

3. Employee Average Hours Worked in a 7-day Period

Each employee should list the average hours they work in a 7-day period. This number will be used to identify the number of Full Time Equivalent hours.

4. Number of Persons in the Family

This number will include all residents temporarily away from the surveyed family (e.g. college students, persons on extended vacation, etc.) **Note: If there is more than one family residing in the house/apartment, a separate form should be completed by each family.**

5. Family Income

Income is determined by computing the total income of all family members for the last three (3) months and then multiplying that number by four (4), including persons temporarily away from the family/house. **Note: Income is not limited to salaries, wages, and tips. All other forms of income as specified by the Internal Revenue Service should be included (e.g. payments received from social security, pensions, annuities, dividends, taxable interest income, tax exempt interest income, IRA distributions, etc.)**

6. Above or Below

Simply identify the box which appropriately determines the number of persons in the family. If the total family income amount is above the dollar amount listed in this box, check the “Above ☐ ” category. If the total family income amount is below the dollar amount listed in this box, check the “Below ☐ ” category.

7. Family Ethnic and Racial Information

Racial and ethnic information is needed for data reporting purposes. Each member in family should be designated by race. A number should be placed in the Hispanic column for each family member who considers themselves of Hispanic ethnicity. *If the resident chooses not to answer this question, the box “refuses to answer” should be marked.*

8. Family Makeup

Enter the number of elderly (62 years or older) in family. Enter the number of severely disabled adults in the family. Indicate by checking Yes or No if the head of the family is female.

9. Date

Enter the date the form was completed.

10. Check the box in the bottom left corner of the survey form if the answer to Question 3 is determined to be “Below.” If so, this residency is to be considered a “low- to moderate-income family.”