



**Quaboag Valley  
Community Development Corporation  
& Quaboag Valley Business Assistance Corporation**

**Qualified Microenterprise Self Declaration**

**Applicant Name:** \_\_\_\_\_

**Business Name/Owners Name:** \_\_\_\_\_

**Number of Employees in the business, including owner:** \_\_\_\_\_

**Community in which you live:** \_\_\_\_\_

**Number of persons living in your household:** \_\_\_\_\_

**Please circle the income\*\* figure that corresponds best to owner’s place of residence and the number of persons living in your household (please see definition on back):**

2021

<b>Household Size*</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Brookfield, East Brookfield, North Brookfield, Spencer, West Brookfield, <b>Worcester Area</b>	20,800 34,600 <b>55,350</b>	23,750 39,550 <b>63,250</b>	26,700 44,500 <b>71,150</b>	29,650 49,400 <b>79,050</b>	32,050 53,400 <b>85,400</b>	34,400 57,350 <b>91,700</b>	36,800 61,300 <b>98,050</b>	39,150 65,250 <b>104,350</b>
Belchertown, Brimfield, Holland, Monson, Palmer, Wales, Ware <b>Springfield Area</b>	17,700 29,450 <b>47,150</b>	20,200 33,650 <b>53,850</b>	22,750 37,850 <b>60,600</b>	25,250 42,050 <b>67,300</b>	27,300 45,450 <b>72,700</b>	29,300 48,800 <b>78,100</b>	31,350 52,150 <b>83,500</b>	33,350 55,550 <b>88,850</b>
Hardwick, New Braintree, Warren <b>Western Worcester Area</b>	18,350 30,600 <b>48,950</b>	21,000 35,000 <b>55,950</b>	23,600 39,350 <b>62,950</b>	26,200 43,700 <b>69,900</b>	28,300 47,200 <b>75,500</b>	30,400 50,700 <b>81,100</b>	32,500 54,200 <b>86,700</b>	34,600 57,700 <b>92,300</b>

**Please answer questions below: My family’s annual gross household income (counting all persons over age 18) is:**

1) Is your total family income for the last twelve (12) months equal to or below the amount indicated in row 1 labeled in **BLUE** for the size of your family?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, is your total family income for the last twelve (12) months equal to or below the amount indicated in row 2 labeled in **RED** for the size of your family?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, is your total family income for the last twelve (12) months equal to or below the amount indicated in row 3 labeled in **BLACK** for the size of your family?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Continue on back side**

**Definitions:**

**\*Household:** All persons residing within the house.

**\*\*Income:** Income from all persons living in the household, age 18 or older.

- Wages and salaries
- Net business income; rental income
- Interest, dividends or other net income
- Social Security, Veteran's benefits and periodic income from retirement funds, annuities, insurance policies, pensions, disability, etc.
- Unemployment compensation, worker's compensation or severance pay
- Welfare assistance, alimony and child support

2) Providing the following information is optional, but the data is needed for statistical purposes. Please check the appropriate items below:

White	Black/ African American	Asian	American Indian/ Alaskan Native	Native Hawaiian/Other Pacific Islander	Asian and White	Black/ African American and White	American Indian/ Alaskan Native and Black/ African American	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you presently employed? Yes _____ No _____	If female, are you a head of household? Yes _____ No _____
Are you Hispanic? Yes _____ No _____	Are you 60 or more years of age? Yes _____ No _____
Do you have a disability? Yes _____ No _____	Are you a veteran? Yes _____ No _____

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**