

MIAMI-DADE COUNTY'S SMALL BUSINESS ASSISTANCE FORGIVABLE LOAN PROGRAM – REQUIRED ATTACHMENTS



PERSONAL DOCUMENTATION

- Valid Florida Driver's License or State Issued Picture ID (for all applicants)
- Social Security Card (for all applicants)
- Proof of Legal Residency in the US if not a Citizen (for all applicants)
- Last Completed Personal Tax Return (for all applicants)
- Proof Of Address -for the home not more than 30 days old, acceptable documentation is Utility Bill, Sun Pass Bill Or Statement, Cellular Bill, Car Payment Invoice or similar (for all applicants)
- Resume (for all applicants)

BUSINESS SPECIFIC DOCUMENTATION

- Business Bank Statements (Jan 2020 to current)
- Last Completed Business Tax Return or Schedule C from Personal Tax Return
- Past Year (2019) Financial Statements (Cash Flow or Profit & Loss)
- Current Payroll Register

As you read in the announcement the primary goal of this fund is to retain jobs. Your own job is allowable under this fund if you have been paying yourself a salary or can otherwise show your income has (whole or in part) come from your business

- A budget showing how the funds applied for will be invested.
 - Allowable expenses are:
 - Rent / Mortgage Past and Future (lease or mortgage documents are required as well as your last statement or invoice)
 - Salaries of current employees based on payroll register
 - Personal protective equipment
 - Payment of all expenses needed to keep the business safely operational, meeting all local, state, and federal requirements, i.e., utilities, licenses, insurance, etc.
 - Other expenses maybe considered based on need and industry
- Proof Of Address -for the business not more than 30 days old, acceptable documentation is Utility Bill, Sun Pass Bill Or Statement, Cellular Bill, Car Payment Invoice or similar)

COMPLIANCE DOCUMENTS

- Agreement For Financial and Technical Assistance
- Copy of Miami-Dade County Business Tax Receipt
- Copy of Licenses / Certifications Required For Your Industry (if they have lapsed the renewal must be part of the proposed use of funds)

This loan program is funded by the FY 2020 CARES Act with Community Development Grant (CDBG-CV) funds and is governed by the CARES Act and 24 Code of Federal Regulations, Part 570



PARTNERS FOR SELF-EMPLOYMENT, INC.



DATE OF APPLICATION: _____ AMOUNT REQUESTED \$ _____

APPLICANT'S NAME (S): _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

_____ CITY STATE ZIP

CONTACT INFORMATION:

PHONE: _____ FAX: _____ EMAIL ADDRESS: _____

FEIN #: _____ DUNS#: _____

Have you received any other COVID-19 Related Assistance? _____ If yes, please provide details: _____

PLEASE LIST ALL OWNERS AND PROVIDE THE FOLLOWING INFORMATION ON EACH:

Name: _____	Name: _____
Home Address: _____	Home Address: _____
_____	_____
Home Phone #: _____	Home Phone #: _____
DOB: _____	DOB: _____
SS #: _____	SS #: _____
DL #: _____	DL #: _____
% of Ownership: _____ Since: _____	% of Ownership: _____ Since: _____

BUSINESS DATA:

TYPE OF BUSINESS: Retail Service Manufacturing Other (Explain): _____



PARTNERS FOR SELF-EMPLOYMENT, INC.



ARE YOU CURRENTLY APPLYING FOR OR HAVE YOU EVER RECEIVED A LOAN FROM A PUBLIC SOURCE?

SBA [] MIAMI CAPITAL [] DEEDCO [] BAC [] FINANCIAL CDC [] OTHER []

If "Other", what is the Source? _____

IF YOU HAVE EVER RECEIVED A LOAN, WHAT WAS THE AMOUNT? \$ _____

BUSINESS CHECKING ACCOUNT NUMBER: _____

OTHER BUSINESS ACCOUNT NUMBER: _____

BANK NAME: _____

BANK NAME: _____

BANK TELEPHONE: _____

BANK TELEPHONE: _____

CONTACT: _____

CONTACT: _____

BALANCE: _____

BALANCE: _____

COMMERCIAL REFERENCES: (Businesses or people you do business with or buy materials from or you sell to):

NAME OF BUSINESS: _____

NAME OF BUSINESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE NUMBER:(____) _____

TELEPHONE NUMBER:(____) _____

SERVICE PROVIDED TO THEM OR FROM THEM: _____

SERVICE PROVIDED TO THEM OR FROM THEM: _____

MONTHLY REVENUE OR EXPENSE FROM THIS VENDOR

MONTHLY REVENUE OR EXPENSE FROM THIS VENDOR

OR CUSTOMER: _____

OR CUSTOMER: _____

PERSONAL DATA (PRIMARY APPLICANT):

ARE YOU A U.S. CITIZEN? YES _____ NO _____

IF NO, ALIEN REGISTRATION #: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER PHONE: _____

TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS DO YOU _____ RENT _____ OWN _____ OTHER _____



PARTNERS FOR SELF-EMPLOYMENT, INC.



PERSONAL REFERENCES: (Friends or Neighbors):

FAMILY REFERENCES: (Relatives who live in Florida or the US):

NAME OF YOUR LANDLORD: _____

NAME: _____ RELATION _____

ADDRESS _____

ADDRESS _____

TELEPHONE NUMBER: (_____) _____

TELEPHONE NUMBER: (_____) _____

NAME: _____

NAME: _____

ADDRESS _____

ADDRESS _____

TELEPHONE NUMBER: (_____) _____

TELEPHONE NUMBER: (_____) _____

INFORMATION FOR DEMOGRAPHIC REPORTING PURPOSES:

The law provides that a lender may not discriminate on the basis of the applicant’s race, sex, or national origin, or any other prohibited basis as established under the equal credit opportunity act (ECOA). **Partners For Self Employment, Inc.** is a not-for-profit agency that receives funding from governmental and federal agencies. Therefore, we are required to request that the applicant complete the following information for statistical reporting purposes to these agencies solely and will not use the information supplied in this section in evaluating the application. If you choose not to furnish this information and you have made this application in person, under federal regulations the lender is required to note race, or national origin and sex on the basis of visual observations or surname.

Race or national origin

____ American Indian, Alaskan Native ____ Asian, Pacific Islander ____ African-American (specify) _____
____ Hispanic (specify) _____ ____ Caucasian ____ Other (Specify) _____

Sex

____ Female ____ Male

Sex Of Head Of Household

____ Female ____ Male

Ethnicity: Black ____ Hispanic ____ Caucasian ____ Native American ____ Other (Specify) _____

in Household: _____

Total Household Income: \$ _____

Location: Rural _____ Urban _____

Veteran Status

____ Non-Veteran ____ Vietnam-Era Veteran ____ Other Veteran

Jobs Created/Retained:

_____ # Created with this Loan _____ # Retained with this Loan



PARTNERS FOR SELF-EMPLOYMENT, INC.



Representations and Warranties

Authorization

The information contained in this statement is provided to induce **Partners For Self Employment, Inc** to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that **Partners For Self Employment, Inc** is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete, and understands the requirement to provide all records necessary that may be requested and therefore, **Partners For Self Employment, Inc** to obtain any personal and/or business or other information deemed necessary to furnish the assistance that is requested. Any information subsequently determined to be false, will result in rejection of the loan application. In the event of a change in status, previously reflected in the application, the applicant must inform **Partners For Self Employment, Inc** as soon as possible. The undersigned acknowledge that if a loan is received from **Partners For Self Employment, Inc** it will be used for the business purposes specified in this application and not for personal use. Each of the undersigned waives all claims against its consultants and authorized representatives. The submission of this application does not guarantee approval.

Each of the undersigned agrees to notify **Partners For Self Employment, Inc** immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to **Partners For Self Employment, Inc**. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify **Partners For Self Employment, Inc** as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, **Partners For Self Employment, Inc** may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. **Partners For Self Employment, Inc** is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer-reporting agency to give any information it may have on the undersigned. As long as any obligation or guarantee of the undersigned to **Partners For Self Employment, Inc** is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give **Partners For Self Employment, Inc** shall become the property of **Partners For Self Employment, Inc**.

APPLICANT(S) SIGNATURE: _____ DATE _____

PLEASE PRINT YOUR NAME: _____



BUSINESS INFORMATION

1. Business Description: _____

2. Describe service/product/industry (give a physical description): _____

3. Business Goals: _____

4. Brief Description of how funds will be used: _____

5. List of Management Team

NAME

TITLE

By signing below, I represent that the information presented on this application is complete and accurate.

Signature: _____ Print Name _____ Date: _____

Witness: _____



Sources and Uses of Funds

USES OF FUNDS

Loans can be used for expenditures that will allow the business to remain feasible and cover expenses for **up to 3 months**. Such expenses include, but are not limited to, the following:

Rent (executed lease agreement is required)	\$ _____
Salaries of current employees based on payroll register	\$ _____
Personal Protection Equipment	\$ _____
Utilities	\$ _____
Licenses	\$ _____
Insurance	\$ _____
Other (if applicable):	\$ _____
Total	_____

By signing below, I represent the use of funds presented on this page will be used for the purpose stated above.

Print Name: _____

Signature: _____

Date: _____



Hello Loan Applicant,

It is now a requirement that every business that participants in Partners For Self Employment, Inc.'s (PSE) Loan Programs must have a DUNS Number. The "data universal numbering system" known as DUNS, is a unique 9-digit number system that is used by businesses and the federal government to keep track of more than 70 million businesses world-wide. It is issued by Dun and Bradstreet (D&B), a company that provides business information for credit, marketing, and purchasing decisions. The federal government, and now Miami-Dade County, requires organizations to provide a DUNS number as part of their grant applications, proposals, and award monitoring. It is a way for the federal government's Office of Management & Budget to keep track of how federal grant money is awarded and dispersed.

There is no fee for registering for a DUNS number. It only takes a day to get a DUNS number from D&B. There are two ways to obtain the number:

- ❖ Via phone - The process will take about ten minutes. Contact the D&B Government Customer Response Center: 1-866-705-5711. Tell the operator that you are under a federal grant program and need to register for a DUNS number.
- ❖ Via Internet - <http://fedgov.dnb.com/webform/index.jsp>

You will need to provide the following information:

- Legal name of organization
- Doing business As (DBA) or other name by which your organization is commonly recognized
- Physical address, city, state and zip code
- Mailing Address, if separate (and P.O. box if you have one)
- Web address
- Telephone number
- Contact name
- Name of the authorizing official (e.g., president, director, etc.)
- Line of business - the purpose of your organization
- Total number of employees
- Is this a home-based business?

Once you have received your DUNS number, please fill out below and include this form with your loan application or fax at (305) 756-6008. Also keep the number secure for your own use.

DUNS #: _____ **Date:** _____
Owner Name: _____ **District:** _____
Business Name: _____ **Phone Number:** _____

Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**
▶ **For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.**

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2019	2018	2017	
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Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ. See instructions.

Sign Here	N	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	N	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to **hat's New**. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Customer File Number. The transcripts provided by the IRS have been modified to

protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
855-587-9604

RAIVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999
855-821-0094

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



AFFIDAVIT OF FACT

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Be it known that on this _____ day of _____, 20____, before me, _____, a notary public in and for the above-mentioned county and state, personally appeared _____, affiant, residing at _____, Miami, Florida _____; Miami-Dade County, Florida, and, being by me first duly sworn, on his/her oath declares, to the best of his knowledge the following to be true and correct:

1. That, for business purposes, I authorize Partners For Self Employment, Inc. or their authorized agents to request a copy of my current credit report from any of the credit reporting agencies.

IN WITNESS WHEREOF, I, _____, the undersigned has signed this **AFFIDAVIT OF FACT** on this _____ day of _____, 20____, and acknowledged the same to be my act.

Signature

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by____, who personally appeared before me at the time of notarization, and who is personally known to me or who produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN:

PRINT: _____

STATE OF FLORIDA AT LARGE

SAMPLE RESUME

OBJECTIVE: Service-oriented sales representative with five years of specialized experience in the wireless communications industry. Dedicated to achieving sales targets while providing excellent customer service. Superior record of surpassing expectations, including net activations and subscriber revenue. Keep up-to-date with changes in technology to best serve wireless customers

EXPERIENCE: 9/1999 - Present ABC Telecommunications Rockland, IL

Retail Sales Specialist

Sell products and services to prospective customers and meet monthly sales quotas. Evaluate wireless telecom needs and recommend products and services based on customer requirements. Deliver sales presentations and demonstrations to maximize sales performance. Selected contributions:

* Met or surpassed sales expectations each month for five consecutive years. Averaged 120% of quota in 2000.

* Ranked #1 in the location (out of 15 reps) based on sales achievements.

* Sold to 3,000+ customers throughout tenure with company.

EDUCATION: 12/1998 ABC Sales Training US-II-Rockland
Certification

Two-week intensive sales training. Topics include cold calling, developing leads, solution selling and closing the deal.

5/1998 University of Illinois US-II-Chicago
Bachelor's Degree

BS in Business Administration (magna cum laude)
Minor in Accounting

AFFILIATIONS: 5/2000 - Present Personal Communications Industry Association Member

SKILLS:	Skill Name	Skill Level	Last Used/Experience
	Telecommunications Sales	Expert	Currently used/5 years
	Customer Relationship Management (CRM)	Expert	Currently used/5 years
	MS Office (Word, PowerPoint, Excel, Access)	Intermediate	Currently used/8 years

LANGUAGES: **Languages** English **Proficiency Level** Fluent - Full Knowledge



BORROWER'S AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Be it known that on this _____ day of _____, 20____, before me,
_____, a notary public in and for the above-mentioned county and state, personally
appeared _____, affiant, residing at _____
_____, Miami, Florida _____; Miami-Dade County, Florida, and, being by me first duly
sworn, on his/her oath declares, to the best of his knowledge the following to be true and correct:

- (1) That the business has been financially impacted by COVID-19.
- (2) Were it not for this financial assistance the business would have to eliminate jobs.
- (3) With this loan the business is not duplicating benefits, all expenses to be covered with this loan have not been and will not be covered by any other source.
- (4) The business agrees to adhere to all county and federal program requirements.

IN WITNESS WHEREOF, I, _____, the undersigned has signed this
AFFIDAVIT OF FACT on this _____ day of _____, 20____, and
acknowledged the same to be my act

Signature

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by, who
personally appeared before me at the time of notarization, _____ and who is
personally known to me or who produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE



SMALL BUSINESS ASSISTANCE FORGIVABLE LOAN PROGRAM

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

Attachment C-1

AGREEMENT FOR FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES
FOR THE RETENTION OF JOBS

In order to receive the various forms of Financial/Technical Assistance available through Partners For Self Employment, Inc. (PSE), businesses must enter into an Agreement to make "available" and to "document" the job retention for the benefit of low and moderate-income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of _____ to:

- 1) Provide a list of the job titles of the permanent jobs expected to be retained with low/moderate-income individuals and which jobs require special skills or education, and which are part-time, if any;
2) Provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs retained;
3) Maintain a list of permanent jobs retained, available to low- and moderate-income individuals, and
4) Complete an annual report of all jobs retained with names, income status, position titles, healthcare benefits, if any.

The applicant signing below understands the information in this Agreement, understands that Partners For Self Employment, Inc. (PSE) will not provide all the assistance requested by your business until action is executed.

(Agreed By) Signature of Applicant

Date

Duns Number – Required/Mandatory
(To obtain a DUNS #, PLEASE CALL 1-866-705-5711)

Intake Office (Name of Agency)

Date

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.



SMALL BUSINESS ASSISTANCE FORGIVABLE LOAN PROGRAM

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
EMPLOYEE ROSTER AS ROSTER AS OF _____

Roster must be completed and submitted to PHCD prior to completion/submission of Job Retention Verification Form(s).

Form with sections: BUSINESS NAME, BUSINESS CONTACT PERSON(S), BUSINESS ADDRESS, BUSINESS DUNS NUMBER, BUSINESS TELEPHONE, List of Current Employees, List of Vacant Positions, Proposed Number of Jobs to be Retained.

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



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