

# Southwest Wisconsin Business Development

## Application

<b>Contact Information</b>	Name		Today's Date
	Address		
	City	County / State	ZIP
	Telephone	E-Mail	
	Business Name	Business Address and County – (if different than above)	

<b>About You</b>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date	
	Ethnic Background: <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaii Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other:		
	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran of the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No <input type="checkbox"/> Self-Employed		If employed, are you covered by employer-sponsored health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How many people related people live in your household? _____		
	How many people in your household are under age 18? _____		

**Household Income: If currently in business, provide approximate net monthly income. If not in business provide gross wages. Last Month's Income \_\_\_\_\_**

Based on the yearly income chart below, was your household income under 80% of your county median last month? (See chart below divide yearly by 12) YES \_\_\_\_\_ No \_\_\_\_\_

HouseHold Size	80 % of County Median Income Guideline				
	Iowa County	Grant County	Green County	Lafayette County	Richland County
1	\$41,800	\$38,300	\$43,050	\$38,300	\$38,300
2	\$47,800	\$43,800	\$49,200	\$43,800	\$43,800
3	\$53,000	\$49,250	\$55,350	\$49,250	\$49,250
4	\$59,700	\$54,700	\$61,500	\$54,700	\$54,700
5	\$64,500	\$59,100	\$66,450	\$59,100	\$59,100
6	\$69,300	\$63,500	\$71,350	\$63,500	\$63,500
7	\$74,050	\$67,850	\$76,300	\$67,850	\$67,850
8	\$78,850	\$72,250	\$81,200	\$72,250	\$72,250

With your signature, you are stating that all of the information on this form is true and accurate to the best of your knowledge; and you are acknowledging that the information you have provided is held as confidential by SWCAP, subject to file audit requirements or unless you grant a release of information in writing.

Client's Signature

Date

SWCAP Authorized Signature

Date