

Client Income Verification

Case #	Counselor
Client Name	
Business Name	
Business Address	

Instructions:

- 1) Decide on your household size (according to the way you file taxes).
- 2) Circle an appropriate income threshold.

Example: Household size = 2; total annual gross income = \$40,000

Household Size:		1	2
Income Level (not to exceed)	A	\$46,500 or less	\$50,400 or less
	B	above \$46,500	above \$50,400

Notes:

Total household income should not exceed the dollar amount described in the income threshold for that household size. If your income is less than line A, select "A"; if greater than A, select "B".

By Los Angeles County Area Median Income and Poverty Line*

Household Size:		1	2	3	4	5	6	7	8
Income Level	A	\$46,500 or less	\$50,400 or less	\$50,400 or less	\$50,400 or less	\$50,400 or less	\$50,400 or less	\$50,400 or less	\$50,400 or less
	B	above \$46,500	above \$50,400	above \$5,840	above \$50,400	above \$50,400	above \$50,400	above \$50,400	above \$50,400

* Income guidelines are based on the lower of US Department of Housing & Urban Development's 2015 AMI data, available at <http://www.huduser.org/> and the Federal Financial Institutions Examination Council 2015 AMI data available at <http://www.ffiec.gov>.

I understand that _____ is a partner of the Asian Pacific Islander Small Business Program (API SBP), a nonprofit effort to provide free business assistance. The API SBP, funded by a combination of private donations and government funding, agrees to provide its services at minimal/no charge to its clients. Income verification is required by API SBP funding sources. I agree to work cooperatively with API SBP staff. Any information that I provide will be accurate to the best of my knowledge. When appropriate, I agree to submit evidence, as requested by API SBP. All information disclosed is to be held in strict confidence.

Print Client Name

Signature

Date