



### Client Income Verification

Case #	Counselor
Client Name	
Business Name	
Business Address	

**Instructions:**

- 1) Decide on your household size (according to what you choose when you file your taxes).
- 2) Circle an appropriate income category.

Example: Household size = 2; total annual gross income = \$35,000

Household Size:		1	2
Income Level	A	\$31,550 or less	<u>\$36,050 or less</u>
	B	above \$31,550	above \$36,050

*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".

**Please circle one of the boxes below:**

Household Size:		1	2	3	4	5	6	7	8
Income Level	A	\$33,950 or less	\$38,800 or less	\$43,650 or less	\$48,450 or less	\$52,350 or less	\$56,250 or less	\$60,100 or less	\$64,000 or less
	B	Between \$33,950 – \$54,250	Between \$38,800 – \$62,000	Between \$43,650 – \$69,750	Between \$48,450 – \$77,500	Between \$52,350 – \$83,700	Between \$56,250 – \$89,900	Between \$60,100 – \$96,100	Between \$64,000 – \$102,300
	C	above \$54,250	above \$62,000	above \$69,750	above \$77,500	above \$83,700	above \$89,900	above \$96,100	above \$102,300

**Please also circle one of the following:**

Household Income		
Income Level	A	\$55,440 or less
	B	above \$55,440

Income guidelines are based on US Department of Housing & Urban Development's 2018 AMI data, available at <http://www.huduser.org/> and the Federal Financial Institutions Examination Council 2018 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