

**CITY OF CHESTER
MICRO BUSINESS GRANT PROGRAM
(Please Print Clearly)**

**INCOME CERTIFICATION AND
DECLARATION OF RETAINED JOBS**

Name of Business: _____

Name of Business Owner: _____

Business Address: _____

Provide all current positions, brief description of position, position status (FTE or PTE), and how many employees hold that position.

Currently, what is the total number of employees (including yourself): _____

Full-time (FTE): _____

Part-time (PTE): _____

Please provide the following information for each of your employees including yourself:

1. Position Held _____ Full-time or Part-time _____
Annual Salary \$ _____ Number of Persons In their Household _____
Total Household Income \$ _____

2. Position Held _____ Full-time or Part-time _____
Annual Salary \$ _____ Number of Persons In their Household: _____
Total Household Income \$ _____

3. Position Held _____ Full-time or Part-time _____
Annual Salary \$ _____ Number of Persons In their Household _____
Total Household Income \$ _____

If you have more employees, please list this information for each one on a separate sheet of paper and include it with this application.

I certify that this information is true and correct. _____ YES _____ NO

Signature of Applicant _____ Date _____