

TRI MICROENTERPRISE ASSISTANCE PROGRAM

FAMILY INCOME WORKSHEET - INSTRUCTIONS

Please complete a **Family Income Worksheet (page 2)** for the family of each owner with a 20% or greater share of the business. Note that two owners who are in the same family can complete one form.

Name of owners: enter the legal name(s) of owner(s) who reside in this household.

Name of Business: enter the legal name of your business.

Date of application: Wait to enter until the date you complete the Microenterprise Assistance application.

Family size: enter the number of family members in your household.

ELIGIBILITY REVIEW

Circle your family size and the income level directly below it that corresponds to your town/county, i.e., household size 4 = \$96,250.00 for Acton. This is the maximum amount of earnings for your household.

ELIGIBILITY DETERMINATION FROM 2019 INCOME

Family member – List the legal names for all family members and ages for children under 18.

Source(s) of income – List all sources of income for that family member (e.g., salary, wages, SS, SSDI, alimony, etc.).

NOTE: For any child age 17 years or younger, enter “N/A.” For any child 18 years or older who is a full-time student, enter “full-time student”.

2019 Form 1040 – Adjusted Gross Income – Line 8b – enter the amount from Line 8b from your 2019 tax form.

Child Support – enter the TOTAL amount of child support received in 2019.

Gross Social Security – enter the TOTAL amount of Social Security benefits received in 2019 (minus the taxable amount from your 1040).

Other taxable income – enter the TOTAL amount of any additional non-taxable income not included above, i.e., Veteran’s Benefits.

Complete lines 1-4 as instructed. If you entered YES on Line 4, your worksheet is complete. If not, enter NO, and go on to complete the next section.

ELIGIBILITY DETERMINATION FROM 8-WEEK INCOME

For this section, you will enter and document all family income received for the 8 weeks prior to the date of application.

* Do not include income for children 17 or under. Enter “N/A” in the Income source column, leave remaining fields blank.

*Do not include income for full-time students 18 or over. Enter “full-time student” in the Income source column, leave remaining fields blank. *

*Do not include stimulus awards or Pandemic Unemployment amounts in this section. *

Family member/Income Source – If a family member has more than one source of income, list each source on a separate line.

Documentation to be provided – list the documentation to be supplied for the income source (e.g., paystubs, bank statements, cancelled checks, etc.)

8-week amount – enter the TOTAL AMOUNT of this source of income for the 8 weeks prior to the application date.

Complete lines 1-6 as instructed.

**** If you require assistance in completing this form, or need translation or need ADA accommodation, please email Jean in Dennis at jean@theresource.org or Melissa on Martha’s Vineyard at melissa@theresource.org.

**TRI MICROENTERPRISE ASSISTANCE PROGRAM
INCOME-ELIGIBILITY WORKSHEET**

Name of Owner(s)
Name of Business

Date of application
Family size

2020 Income Limits	Household Size	1	2	3	4	5	6	7	8
Acton, Boxboro, Littleton Maynard	Household Income	67,400	77,000	86,650	96,250	103,950	111,650	119,350	127,050
WESTFORD	Household Income	54,950	62,800	70,650	78,500	84,800	91,100	97,350	103,650

Eligibility Review	
2019 Income from line 4	8-week income from line 6

Eligibility determination from 2019 Annual income			
List all Family Members & their ages	List their Sources of Income	List total annual income for family	
1.		2019 Form 1040 - Adjusted Gross Income - line 8b	
2.			
3.			
4.			
5.			
		Child Support	
		Gross Social Security (minus the taxable amount from 1040)	
		Other non-taxable income, i.e., Veteran's Benefits	
		Line 1 - enter total 2019 annual income listed above	
		Line 2 - enter family size (# family members)	
		Line 3 - enter income threshold (see chart above)	
		Line 4 - Eligible? Enter yes if Line 1 is LESS than Line 3	

If you are not eligible according to your 2019 Annual Income, please enter "no" and complete the 8-week income section below.

Eligibility determination from 8-week income (if not qualified above)			
Family Member	Income Source (list each source on a separate line)	Documentation to be provided. (pay stubs, bank statements, cancelled checks, etc.)	8-week amount
<i>Please use an additional sheet if necessary</i>		Line 1 - enter total 8 weeks income listed above	
		Line 2 - calculate average monthly income (divide Line 1 by 8)	
		Line 3 - calculate annual income (multiple Line 2 by 52)	
		Line 4 - enter family size (# family members in household)	
		Line 5 - enter income threshold (see chart above)	
		Line 6 - Eligible? Enter yes if Line 3 is LESS than Line 5	