



community development partnership

WorkSMART Program- Micro-Enterprise Eligibility Determination

Name: _____ Business Name: _____

Phone Number: _____ Email Address: _____

You are eligible for the WorkSMART Program if each of the following 3 statements is true for you and your business.

- 1) My small business is located within one of the 8 Lower Cape Communities.
(Brewster, Chatham, Eastham, Harwich, Orleans, Provincetown, Truro, Wellfleet) **Yes No**
- 2) My small business has 20 or fewer employees. **Yes No**
Please indicate # of employees _____.
- 3) My **adjusted gross income** (as indicated on your most recent tax return) is equal to or below the \$\$ amount in the second row on the table below (titled Moderate Income), correlating to family size.

Yes No

The number of persons claimed on the potential borrower's tax return determines the first row or "Family Size".
For example: If you claim one person on your tax returns and your **adjusted gross income** is under \$43,450 you are eligible for this program.

Family Size							
1	2	3	4	5	6	7	8
Low Income							
\$27,400	31,300	35,200	39,100	42,250	45,400	48,500	51,650
Moderate Income							
43,800	50,050	56,300	62,550	67,600	72,600	77,600	82,600

Signed _____ Printed Name _____

Date _____ Staff _____