

7(J) ASSISTANCE ELIGIBILITY

SELF-CERTIFICATION FORM

A. Client small business/individuals must elect one of the following four eligibility criteria and sign below:

For the purposes of receiving assistance under the U.S. Small Business Administration's 7(j) grant program, I hereby certify in good faith that I and/or my firm meet one of the following eligibility criteria. *[Please designate the applicable criteria with a check mark]:*

_____ My firm is a participant in SBA's 8(a) Business Development Program;

OR

_____ I am/my firm is located in a HUBZone. Refer to the following link to determine qualifying locations: <http://map.sba.gov/hubzone/maps/>;

OR

_____ I am/my firm is located in an area of high unemployment, meaning that my county's OR metropolitan area's annualized unemployment rate exceeds the national annualized unemployment rate. Refer to the following three Department of Labor Data maps to determine qualifying locations:

- <http://data.bls.gov/map/MapToolServlet?survey=la&map=county&seasonal=u> (locate the county's current annualized unemployment rates)
- <http://data.bls.gov/map/MapToolServlet?survey=la&map=msa&seasonal=u> (locate the metro area's current annualized unemployment rates)
- <http://data.bls.gov/timeseries/LNU04000000> (locate the current national annualized unemployment rate);

OR

_____ I am an individual with a low income, or my firm is majority-owned by one or more individuals each with a low income. "Low income" means an individual whose income does not exceed the following levels, as reflected in last year's tax return:

- \$ 42,400 for metropolitan areas
- \$ 31,300 for non-metropolitan areas

B. Client small business/individuals must provide the following information and acknowledge its use by SBA as outlined in the statement below.

Client/Firm Name		
Street Address	State	ZIP

I certify in good faith that the above information is true and correct.

I certify that my business meets the size standards established for small businesses as set forth in the regulations at 13 C.F.R. Part 121.

I permit SBA and its agent to use the above to verify participant eligibility for assistance as defined under sections 7(a)(11), 7(j)(10), or 8(a) of the Small Business Act. I understand that any information disclosed will be held in strict confidence. (This personal information will not be provided to commercial entities or other government agencies.)

Client Signature

Date

Client Name (Printed in Full)