

Wayne County Agribusiness Microenterprise Program

Instructions on back

Business Owner Survey Family Income Form

This technical assistance has made available with financial assistance from Wayne County using Federal Community Development Block Grant Funding. As a result, the County is required to obtain the following information. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Your Name: _____ Soc. Security #: _____
(Please Print)

Address: _____

Family Size (circle)	My Family Income is						Ethnic Origin (Check one) "I consider myself ____"	
	Below		Between		Between	Above		
1 person		\$ 13,050		\$ 21,750		\$ 34,800	White	
2 people		\$ 14,900		\$ 24,850		\$ 39,750	Black	
3 people		\$ 16,750		\$ 27,950		\$ 44,700	Asian/Pacific Islander	
4 people		\$ 18,650		\$ 31,050		\$ 49,700	Hispanic	
5 people		\$ 20,100		\$ 33,550		\$ 53,650	American Indian	
6 people		\$ 21,600		\$ 36,000		\$ 57,650	Aleut or Eskimo	
7 people		\$ 23,100		\$ 38,500		\$ 61,600	Other(specify) _____	
8 people		\$ 24,600		\$ 41,000		\$ 65,600		
9 or more- #	Actual Income = \$							

Is your household female-headed? Yes No Are you 62 or older? Yes No

Are you considered disabled? Yes No

How many people does your farm business currently employ full-time including the farm owner?

How many people does your farm business currently employ part-time including the farm owner?

Do you hire seasonal part-time help? Yes No If Yes, how many?

Are the seasonal workers considered migrant farm workers? Yes No

How many of your employees are 62 or older?

How many of your employees are the female head of their household?

How many of your employees are considered disabled?

The information provided herein will be confidential and will only be used to provide statistical data required by the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the New York State Governor's Office for Small Cities and the U.S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signed : _____

Date: ___ / ___ / ___

**Business Owner Survey
Family Income Form**

INSTRUCTIONS

1. Determine your family size by counting yourself and each family member who currently resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption.
2. Circle the appropriate housing family size.
3. Next total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who currently resides with you.
4. Compare this figure to the figure listed for the circled family size and indicate whether it is above or below the listed figures by checking the appropriate box.
5. Next check the box in the column labeled “ethnic origin” which most accurately completes the sentence “I consider myself ___.”

Wayne County
Agribusiness Microenterprise Program

Business Owner Survey
Job/Business Retention Form

It is my opinion that within 3 years I would have ceased business operations. Yes No

The reason(s) for this opinion is (check all that apply)

- Low profit margin
- Low equity growth
- Equity losses
- Poor profit potential in existing markets
- Restrictive facility design
- Labor shortage
- Other _____
(Please explain)

It is my opinion that the assistance provided through the Agri-business Microenterprise Program will enable me to remain in business for longer than 3 years. Yes No

The reason(s) for this opinion is (check all that apply)

- I have identified a new potential market.
- I have developed a plan to serve a niche market
- The loan program enabled me to expand or diversify my business.
- The technical assistance helped me to identify and address some opportunity areas of my business.
- Other
(Please explain)