CDBG QUALIFYING CRITERIA FOR BUSINESSES For-Profit Business/Microenterprise Affidavit

MY CURRE	NT LEGAL NAME I	s:								
				(Nan	ne of Si	gnatory)			•	
MY CURRE	NT LEGAL STREET	ADDRES	s is:							
							ress N	lumber and	Street Name)	
IN THE CIT				IN TH	IE STA	TE OF				
I HEREBY		al Address	City Name)	-		_		(Legal A	Address State Name)	
● THE	STREET ADDRESS	S OF MY E	BUSINESS IS							
						(Legal A	Addre.	ss Number	and Street Name)	
IN T	HE CITY OF				IN TH	IE STATE OF	:			
	_	(Legal A	ddress City Na	me)				(Leg	al Address State Name)	
				C)R					
BEFO	RE SEPTEMBER 2	.8, 2025 NESS,THE	PRIMARY CU						5 FISCAL YEAR, ON OR	
SIGNED:				PF	RINTE	NAME:				
-	(.	Signature)				_		(<i>F</i>	Printed Name)	
		For	Notary Pub	olic Use	e Only	Below this	Line	:		
STATE OF	Connecticut	Coun	TY OF		-		SS.			
	(State)				County)				(Town/City)	
	(State)			(County)				(Town/City)	
ON THIS		DAY OF				BEFORE ME,				
	(Day of Month)		(Month)	()	'ear)				(Name of notary)	
THE UNDERS	SIGNED OFFICER, P	FRSONALL	• •	(,	<i>Cu.</i> /				KNOWN TO ME (OR	
	,					(Name of indiv	idual)			
	ORILY PROVEN) TO OGED THAT HE/SHE									
	WHEREOF I HERE									
	(Signature o	f Notary Pu	ıblic)							
	(0.3	, , , , ,								
	(Date Comr	mission Exp	ires)							
	(Printed No	ame of Nota	ary)							

CDBG QUALIFYING CRITERIA FOR BUSINESSES Hartford Resident Affidavit

My cu	RREN	IT LEGAL NAME I							
					(Name of Sigi	natory)			
My cu	IRREN	IT LEGAL STREET	T ADDRESS	S IS:					
						(Legal Addres	ss Number	and Street Name)	
IN THE	CITY	r OF		I	N THE STATI				
			zal Addrosa i				- //	agal Addraga Chaha Nama)	
T HFRI	FRY Δ	(<i>Leg</i> ATTEST:	gal Address (City Name)			(Li	egal Address State Name)	
	I INI	END TO WORK T	OWARD D	EVELOPING A I	MICROENTER	RPRISE.			
					AND				
	I INT	END TO PERMAN	NENTLY LO	CATE THE BUSI		E CITY OF H	ARTFOR	D, CONNECTICUT WITHIN	N
		DAYS OF THE ENI						September 28, 2025	
					_	,			
SIGNE	D:				PRINTED	Name:			
		(Signature)		_			(Printed Name)	
			For	Notary Public	· Lise Only F	Below this Li	ine:		
STATE	05	Connoction		Notary Public	: Use Only E				_
STATE (OF	Connecticut	For		-		ine:		_
STATE	OF	Connecticut (State)			: Use Only E			(Town/City)	
STATE (OF				-			(Town/City)	_
			Coun		(County)	S		(Town/City)	
STATE O		(State)		TY OF	(County)				
ON THI	s	(State) (Day of Month)	COUNT DAY OF	(Month)	(County)	S		(Name of notary)	
ON THI	s	(State)	COUNT DAY OF	(Month)	(County) B (Year)	EFORE ME,	SS.		
ON THI	S _ IDERSI	(State) (Day of Month) IGNED OFFICER, P	DAY OF	(Month) (APPEARED	(County) B (Year)	EFORE ME,	dual)	(Name of notary) KNOWN TO ME (OR	
ON THI THE UN	S _ IDERSI	(State) (Day of Month) IGNED OFFICER, P	DAY OF PERSONALLY	(Month) Y APPEARED RSON WHOSE NA	(County) B (Year) (MME IS SUBSC	EFORE ME, Name of individ	dual)	(Name of notary) KNOWN TO ME (OR N INSTRUMENT AND	
ON THI THE UN SATISF ACKNOW	S IDERSI FACTOR WLEDG	(State) (Day of Month) IGNED OFFICER, F	DAY OF PERSONALLY BE THE PER	(Month) (APPEARED RSON WHOSE NA	(County) B (Year) (MME IS SUBSC	EFORE ME, Name of individ	dual)	(Name of notary) KNOWN TO ME (OR N INSTRUMENT AND	
ON THI THE UN SATISF ACKNOW	S IDERSI FACTOR WLEDG	(State) (Day of Month) IGNED OFFICER, F RILY PROVEN) TO GED THAT HE/SHE	DAY OF PERSONALLY BE THE PER	(Month) (APPEARED RSON WHOSE NA	(County) B (Year) (MME IS SUBSC	EFORE ME, Name of individ	dual)	(Name of notary) KNOWN TO ME (OR N INSTRUMENT AND	
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ON THI THE UN SATISF ACKNOW	S IDERSI FACTOR WLEDG	(State) (Day of Month) IGNED OFFICER, F RILY PROVEN) TO GED THAT HE/SHE WHEREOF I HERE	DAY OF PERSONALLY BE THE PER E/THEY EXE	(Month) Y APPEARED RSON WHOSE NA CUTED THE SAM MY HAND.	(County) B (Year) (MME IS SUBSC	EFORE ME, Name of individ	dual)	(Name of notary) KNOWN TO ME (OR N INSTRUMENT AND	
ON THI THE UN SATISF ACKNOW	S IDERSI FACTOR WLEDG	(State) (Day of Month) IGNED OFFICER, F RILY PROVEN) TO GED THAT HE/SHE WHEREOF I HERE (Signature of Comments)	DAY OF PERSONALLY BE THE PER E/THEY EXE	(Month) (APPEARED RSON WHOSE NACUTED THE SAM MY HAND. blic)	(County) B (Year) (MME IS SUBSC	EFORE ME, Name of individ	dual)	(Name of notary) KNOWN TO ME (OR N INSTRUMENT AND	