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

| MY CURRE | NT LEGAL | NAME I | S: | | | | | | | | | |
|--------------|------------|-----------------------------|----------------------|----------------------------|---------|---------------|-------------|---------|------------|---------------|--|---|
| | | | | | (Nan | ne of Signato | ory) | | | | | |
| MY CURRE | ENT LEGAL | STREET | ADDRES | s is: | | | | | | | | |
| | | | | - | | (Le | egal Addro | ess Nui | mber and | Street Name |) | _ |
| IN THE CI | TY OF | | | | IN TH | E STATE O | F | | | | | |
| | | (Leg | al Address | City Name) | | | _ | | (Legal A | Iddress State | e Name) | _ |
| I HEREBY | ATTEST: | | | | | | | | | | | |
| ● THE | STREET A | DDRES | S OF MY B | SUSINESS IS | | | | | | | | |
| | | | | | | | (Legal A | ddress | Number a | and Street N | lame) | |
| TN 7 | гне Сіту о | F | | | | IN THE S | | | rianiber e | ina street r | umey | |
| | 02 0 | _ | | | | | ., 0. | | | | | |
| | | | (Legal A | ddress City Nai | me) | | | | (Leg | al Address S | State Name) | |
| CITY BEFO | OF HARTI | FORD, (MBER 2 T BUSI | CONNECTI 8, 2024. | CUT WITHIN | 90 DA | AYS OF THE | E END OI | F 202 | 23–202 | 4 FISCAL | NESS IN THE YEAR, ON OR HARTFORD | |
| DIGNEDI | | | | | | CINIED IVA | | | | | | |
| | | (. | Signature) | | | | | | (P | rinted Name | ?) | - |
| | | | For | Notary Pub | lic Use | Only Belo | ow this I | Line: | | | | |
| STATE OF | Connec | cticut | Coun | TY OF | | | | SS. | | | | |
| | (St | tate) | | | ((| County) | | | | (Town/C | itv) | |
| | (| , | | | , | ,, | | | | (- / - | " | |
| ON THIS | | | DAY OF | | | BEFO | ORE ME, | | | | | |
| | (Day of M | Nonth) | | (Month) | (Y | rear) | | | | (Name of not | ary) | |
| THE UNDER | SIGNED OFF | FICER, P | ERSONALLY | Y APPEARED | | (Man | ma of indiv | idual) | | KNOWN T | O ME (OR | |
| ACKNOWLE | | HE/SHE | THEY EXE | RSON WHOSE CUTED THE SA | | S SUBSCRIE | | HE WR | | | AND | |
| | | | | | | | | | | | | |
| | (Sig. | nature o | f Notary Pu | blic) | | | | | | | | |
| | | | | | | | | | | | | |
| | (Da | ate Comr | nission Expi | ires) | | | | | | | | |
| | | | | | | | | | | | | |
| | (P | rinted Na | ame of Nota | ary) | | | | | | | | |

CDBG QUALIFYING CRITERIA FOR BUSINESSES Hartford Resident Affidavit

| My currei | NT LEGAL NAM | 7E 13. | | | | |
|--|--|--|--|---|---|--|
| | | | | (Name of Signatory |) | |
| MY CURRE | NT LEGAL STR | REET ADDRES | S IS: | | | |
| | | | | | al Address Numbe | r and Street Name) |
| IN THE CIT | Y OF | | | IN THE STATE OF | | |
| I HEREBY | | (Legal Address | City Name) | | (<u>L</u> | egal Address State Name) |
| | _ | | EVEL ORTHO | | A.== | |
| • I IN | TEND TO WOR | K TOWARD D | EVELOPING A | A MICROENTERPRIS | E. | |
| | | | | AND | | |
| I IN | TEND TO PERI | MANENTLY LO | CATE THE BU | ISINESS IN THE CIT | Y OF HARTFOR | D, CONNECTICUT WITHIN |
| 90 | DAYS OF THE | END OF THE | 2023-202 | 4 FISCAL YEAR, 0 | ON OR BEFORE | September 28, 2024. |
| | | | | | | |
| Czousp. | | | | PRINTED NAM | =- | |
| SIGNED: | | | | PRINIED NAM | Ei | |
| _ | | (Signature) | | | | (Printed Name) |
| | | (Signature) | | | | |
| | Commention | For | <u> </u> | olic Use Only Below | | |
| STATE OF | Connectic | For | <u> </u> | olic Use Only Below | this Line: | |
| STATE OF | Connectic (State) | For | <u> </u> | olic Use Only Below (County) | | (Town/City) |
| | | For | <u> </u> | · | SS. | (Town/City) |
| | | For COUN | <u> </u> | (County) | SS. | (Town/City) (Name of notary) |
| ON THIS | (State) | For Count Day of | TY OF (Month) | (County) BEFOR | SS. | |
| ON THIS THE UNDERS SATISFACTO | (State) (Day of Month SIGNED OFFICE DRILY PROVEN) | DAY OF TO BE THE PE | (Month) Y APPEARED RSON WHOSE | (County) BEFORI (Year) (Name NAME IS SUBSCRIBEI | SS. E ME, of individual) D TO THE WRITTE | (Name of notary) KNOWN TO ME (OR EN INSTRUMENT AND |
| ON THIS THE UNDERS SATISFACTO ACKNOWLED | (State) (Day of Month SIGNED OFFICE DRILY PROVEN) DGED THAT HE/ | DAY OF TO BE THE PEL SHE/THEY EXE | (Month) Y APPEARED RSON WHOSE | (County) BEFORI | SS. E ME, of individual) D TO THE WRITTE | (Name of notary) KNOWN TO ME (OR EN INSTRUMENT AND |
| ON THIS THE UNDERS SATISFACTO ACKNOWLED | (State) (Day of Month SIGNED OFFICE DRILY PROVEN) | DAY OF TO BE THE PEL SHE/THEY EXE | (Month) Y APPEARED RSON WHOSE | (County) BEFORI (Year) (Name NAME IS SUBSCRIBEI | SS. E ME, of individual) D TO THE WRITTE | (Name of notary) KNOWN TO ME (OR EN INSTRUMENT AND |
| ON THIS THE UNDERS SATISFACTO ACKNOWLED | (State) (Day of Month SIGNED OFFICE ORILY PROVEN) OGED THAT HE/ S WHEREOF I H | DAY OF TO BE THE PERSHE/THEY EXE | (Month) Y APPEARED RSON WHOSE ECUTED THE SA | (County) BEFORI (Year) (Name NAME IS SUBSCRIBEI | SS. E ME, of individual) D TO THE WRITTE | (Name of notary) KNOWN TO ME (OR EN INSTRUMENT AND |
| ON THIS THE UNDERS SATISFACTO ACKNOWLED | (State) (Day of Month SIGNED OFFICE ORILY PROVEN) OGED THAT HE/ S WHEREOF I H | DAY OF TO BE THE PEL SHE/THEY EXE | (Month) Y APPEARED RSON WHOSE ECUTED THE SA | (County) BEFORI (Year) (Name NAME IS SUBSCRIBEI | SS. E ME, of individual) D TO THE WRITTE | (Name of notary) KNOWN TO ME (OR EN INSTRUMENT AND |
| ON THIS THE UNDERS SATISFACTO ACKNOWLED | (State) (Day of Month SIGNED OFFICE ORILY PROVEN) OGED THAT HE/ S WHEREOF I H | DAY OF TO BE THE PERSONALLY THE PERSONALLY THE PERSONALLY TO BE THE PERSONALLY THE PERSONALY THE PERSONAL | (Month) Y APPEARED RSON WHOSE ECUTED THE SA MY HAND. | (County) BEFORI (Year) (Name NAME IS SUBSCRIBEI | SS. E ME, of individual) D TO THE WRITTE | (Name of notary) KNOWN TO ME (OR EN INSTRUMENT AND |
| ON THIS THE UNDERS SATISFACTO ACKNOWLED | (State) (Day of Month SIGNED OFFICE ORILY PROVEN) OGED THAT HE/ S WHEREOF I H | DAY OF TO BE THE PERSHE/THEY EXE | (Month) Y APPEARED RSON WHOSE ECUTED THE SA MY HAND. | (County) BEFORI (Year) (Name NAME IS SUBSCRIBEI | SS. E ME, of individual) D TO THE WRITTE | (Name of notary) KNOWN TO ME (OR EN INSTRUMENT AND |