

Business Owner Information
(This page must be completed for each Business Owner)

Business Owner Name: _____

Owner Address: _____ City/Town _____ State _____

Owner primary phone: _____ Alternate Phone: _____

Owner E-mail address: _____

Owner SSN: _____

Number of Family Member residing in Owner's Home (including children) _____

Number of Adult Family Member (18 years or older) residing in Owner's home _____

Number of Adult Family Members (18 years or older) in Owners home who are full-time students _____

Complete the following chart to show Family composition (include children)

Name	Birthdate	SSN	Relationship to Applicant	Source(s) of Income

Does any member of the owner's immediate family (spouse, parents, children or siblings) work (whether full or part-time) as an employee or serve as an elected or appointed official (whether paid or unpaid) of the Town of Clinton, Douglas, Lancaster, Northbridge, Sterling or Webster? Yes ☐ No ☐

If yes, Relative's Name: _____ Position: _____

I certify under pains and penalties of perjury that the information presented above is true and accurate to the best of my knowledge. I further recognize that if this preliminary applications is accepted as eligible that I will have to provide documentation of income for all family members listed above.

Business Owner's Signature

Date

Print Name: _____

(If business has more than one owner, each owner must complete an information form)