

GLENN COUNTY HUMAN RESOURCE AGENCY
MICROENTERPRISE ASSISTANCE PROJECT
CLIENT APPLICATION

Client ID# _____
Income Level _____

Last Name		First Name		MI	Date of Birth
Mailing Address		City	State	Zip	
Residence Address		City	State	Zip	Residence within City limits? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone	Daytime Phone	Cell Phone	Email		
Social Security Number	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>		Veteran Status Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service Connected Disability <input type="checkbox"/>		
Name and Telephone Number of Emergency Contact(s)					
1.					
2.					
Household Information					
Do you file your taxes as "Head of Household"? <input type="checkbox"/> Yes <input type="checkbox"/> No Total # in Household: _____ Child's Name DOB _____ _____ _____ _____		Do you acknowledge having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received TANF/CalWORKS in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received TANF/CalWORKS in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently receiving TANF/CalWORKS? <input type="checkbox"/> Yes <input type="checkbox"/> No Date started: _____ Date ended: _____ CalWORKS Contact Person: _____		Marital Status: <input type="checkbox"/> Married (living w/spouse) <input type="checkbox"/> Married (living separately) <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unmarried living w/ partner <input type="checkbox"/> Widow/Widower	
Education			Race/Ethnicity (Please check all that apply)		
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some college <input type="checkbox"/> College AA/AS		<input type="checkbox"/> College BA/BS <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational school <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> African American/Black <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Decline to state
Employment Information					
Employment Status: <input type="checkbox"/> FT Self-Employed <input type="checkbox"/> FT Employed <input type="checkbox"/> Unemployed (more than 6 months) <input type="checkbox"/> Seasonal Employment <input type="checkbox"/> PT Self-Employed <input type="checkbox"/> PT Employed <input type="checkbox"/> Unemployed (less than 6 months) <input type="checkbox"/> Retired					
Income Information			Personal Monthly Gross Income Breakdown		

Personal Monthly Gross Income: \$ _____ Household Monthly Gross Income: \$ _____ Household Annual Gross Income: \$ _____ <i>Last Year's Annual Gross Income:</i> \$ _____ "Adjusted Gross Income" from last year's tax return (1040 form)	Salary/Wages:	TANF/CalWORKS:
	Self Employ Inc:	Food Stamps:
	Unemployment:	GR/GA:
	Spousal Support:	SSI/SSA/SSR:
	Child Support:	Housing Assist:
	Worker's Comp:	Disability:
Do you or anyone in your family possess income-producing assets or assets on deposit in a bank/trust/market account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____	Veteran's Benefits:	Retirement/Pension:
	School Financial Aid:	Other:
Insurance Information	Business Information	
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Public/MediCal <input type="checkbox"/> Spouse's Employer <input type="checkbox"/> Employer <input type="checkbox"/> Private Do your children have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Public/MediCal <input type="checkbox"/> Spouse's Employer <input type="checkbox"/> Employer <input type="checkbox"/> Private	Do you currently own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, have you in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever written a Business Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Where do you do your banking? _____	
Marketing Information		
How did you hear about the Glenn County Microenterprise Assistance Project? <input type="checkbox"/> Client (enrolled in the Project) <input type="checkbox"/> Educational Institution <input type="checkbox"/> Flyer/Brochure/Newspaper/Media <input type="checkbox"/> Glenn County Human Resource Agency (including STEP workshop) <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other: _____		
May we use your email address to communicate with you? <input type="checkbox"/> Yes <input type="checkbox"/> No May the Glenn County Human Resource Agency use your name for promotional purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other information/demographics/data elements (list here): 		
<ol style="list-style-type: none"> <i>The information collected in this application is used for evaluation purposes and is required by funders/sponsors.</i> <i>I understand that the information I have provided about my income is subject to verification by authorized representatives of the County of Glenn, the State of California Department of Housing and Community Development (HCD), and the United States Department of Housing and Urban Development (HUD).</i> <i>Direct microenterprise technical assistance is being provided by West Company</i> 		
Signature:	Date:	

GLENN COUNTY HUMAN RESOURCE AGENCY
MICROENTERPRISE ASSISTANCE PROJECT
BUSINESS APPLICATION

Client ID# _____
Income Level _____

Last Name		First Name		MI	
Home Address		City		State Zip	
Home Phone			Cell Phone		
Business Name		Business Phone		Business Fax	
Business Address		City		State Zip In Business since?	
E-mail Address		Web Address		Is your business inside city limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Partner Information			Partner Information		
Is this business a partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of partnership? <input type="checkbox"/> Legal <input type="checkbox"/> Informal <input type="checkbox"/> Limited Liability (LLC)	First Name:		Last Name:		
	Home Address:				
	City:		State:		Zip:
	Home Phone:		Cell Phone:		
	Day/Work Phone: Fax #: E-mail: Web Site:				
Business Features					
PRE START-UP (NASCENT BUSINESS) <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Home-Based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Woman-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Veteran-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Web-Based Business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Minority-Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have any of the following? (please check all that apply) <input type="checkbox"/> Business License <input type="checkbox"/> Sellers Permit / Resale Number <input type="checkbox"/> Registered DBA / Fictitious Business Name <input type="checkbox"/> Registered D&B DUNS# _____ <input type="checkbox"/> Certified with SBA Type: _____ <input type="checkbox"/> Patent <input type="checkbox"/> Trademark <input type="checkbox"/> Copyright <input type="checkbox"/> Complete Business Plan Last Revision: _____ <input type="checkbox"/> Complete Marketing Plan Last Revision: _____ <input type="checkbox"/> Current Financials		
Race/Ethnicity (please mark all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to state					
Are you engaged in import/export trade? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this business Full-time or Part-time? <input type="checkbox"/> Seasonal <input type="checkbox"/> FT <input type="checkbox"/> PT (# of hours you work for your own business per month: _____)					

<p>Business Form:</p> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Undetermined	<p>Business Type (<i>industry classification</i>):</p> <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting <input type="checkbox"/> Arts, Entertainment, and Recreation <input type="checkbox"/> Construction <input type="checkbox"/> Educational Services <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Other Services (<i>specify</i>) _____ <input type="checkbox"/> Unclassified Establishment	<input type="checkbox"/> Management of Companies <input type="checkbox"/> Manufacturing/Production <input type="checkbox"/> Mining <input type="checkbox"/> Professional Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Real Estate Rental and Leasing <input type="checkbox"/> Retail Trade <input type="checkbox"/> Research and Development	<input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Waste and Remediation <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Food Service
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Business Income

Last year's gross sales: \$ _____ Does your business provide: Supplementary Income Sole Source of Income
Net profit / loss: \$ _____ What is your income goal? Supplementary Income Sole Source of Income

In the last year, did your business provide for an owner's draw? Yes No Annual owner's draw amount: \$ _____

Employee Information

Do you have employees? Yes No
If yes, total number of employees in last 12 months: Full-Time: _____ Part-Time: _____ Seasonal/Temp: _____

Within the last two years, have any of the employees of your business received TANF? Yes No How Many? _____
Within the last year, has your business hired anyone receiving TANF? Yes No How Many? _____

Do you provide health care benefits to your employees? No Yes
Number of employees receiving employer health benefits: _____

How did you hear about the Glenn County Microenterprise Assistance Project?

May we use your email address to communicate with you? Yes No
May the Glenn County Human Resource Agency use your name for promotional purposes? Yes No

Other information/demographics/data elements (list here):

4. *The information collected in this application is used for evaluation purposes and is required by funders/sponsors.*
5. *I understand that the information I have provided about my income is subject to verification by authorized representatives of the County of Glenn, the State of California Department of Housing and Community Development (HCD), and the United States Department of Housing and Urban Development (HUD).*
6. *Direct microenterprise technical assistance is being provided by [West Company](#)*

Signature: _____ **Date:** _____

BUSINESS ASSESSMENT QUESTIONNAIRE

First & Last Name:	Date:
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*Thank you for your interest in the **GLENN COUNTY MICROENTERPRISE ASSISTANCE PROJECT**. (Direct microenterprise technical assistance is being provided by [West Company](#)) Please answer the following questions as completely and clearly as possible. The information you give will help us assess your business idea and refer you to the appropriate services. Thank you.*

Explain your business/business idea _____

Have you saved any money for your business venture? No Yes If yes, how much? _____

What are your financing needs? _____

Choose which is applicable and then use the space below to elaborate:

Starting a business: 1) What research have you performed? 2) What have you accomplished towards your goal?

If already in business, give a brief history of your business.

If already in business, give a brief history of your business (continued)

Date Business Established (Month/ Year) _____

Annual Sales \$ _____

Not counting owner(s) please provide number of Employees: Full-Time _____ Part-Time _____

Do you provide health care benefits to your employees? No Yes

Total # of hours you work for your own business per month _____

Were you or any of your employees unemployed before working for this business? No Yes

If Yes, Number of people unemployed _____

If buying/selling a business, what steps have you taken towards the purchase/sale of the business?

What services are you requesting from the Glenn County Human Resource Agency-Business Services?

What are your business goals for:

Initial meeting _____

1 Month from Now _____

6 Months from Now _____

1 Year from Now _____

5 Years from Now _____

Comments:
