

# FRANKLIN COUNTY CDC

## COMMUNITY DEVELOPMENT CORPORATION

### APPLICATION FORM

Personal Information			
Name		Today's Date	
Address			
City	State	Zip	
Home Phone	Fax	Cell Phone	
Personal Email		Personal Website	
What is your preferred method of communication? <input type="checkbox"/> Home Phone <input type="checkbox"/> Home Cell Phone <input type="checkbox"/> Home Email <input type="checkbox"/> Business Phone <input type="checkbox"/> Business Cell Phone <input type="checkbox"/> Business Email			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	If Female, Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years of Education Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Other (specify) <input type="checkbox"/> College courses, no degree <input type="checkbox"/> College Graduate (circle AA, BS, BA, MA, PH.D.)			
Business Information			
Business Name			
Business Address			
City	State	Zip	
Business Phone	Business Fax	Business Cell Phone	
Business Email		Business Website	
Business Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Other			
Business Area <input type="checkbox"/> Manufacturing <input type="checkbox"/> Contract Trade <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Agricultural <input type="checkbox"/> Service <input type="checkbox"/> Other _____			
Do you have a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe your business's product or service, including info on the target market <i>(use back of this sheet if necessary)</i>		
How would you characterize your business status? <input type="checkbox"/> Exploring a business idea <input type="checkbox"/> New Start-up 0-1 year <input type="checkbox"/> Existing business 5+years <input type="checkbox"/> Purchasing Existing Business <input type="checkbox"/> Existing Business 1-5 years <input type="checkbox"/> Selling or closing Business			
Assistance Requested			
Please describe the services you are seeking <i>(check all that apply and use the back of sheet if necessary)</i> <input type="checkbox"/> Exploring a business idea <input type="checkbox"/> Marketing/Advertising <input type="checkbox"/> IT/Web Support <input type="checkbox"/> Rental Space <input type="checkbox"/> Creating a Business Plan <input type="checkbox"/> Financial Management <input type="checkbox"/> Accounting <input type="checkbox"/> Loan <input type="checkbox"/> Starting a business <input type="checkbox"/> Financial Planning <input type="checkbox"/> Human Resources <input type="checkbox"/> Food Processing Center <input type="checkbox"/> Expanding your business <input type="checkbox"/> Other _____			
How did you hear about the FCCDC? <i>(check all that apply)</i> <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Government Agency <input type="checkbox"/> Bank or Lender <input type="checkbox"/> Training Seminar <input type="checkbox"/> Flyer/Newsletter <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Website <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Radio Ad <input type="checkbox"/> Other _____			
Have you used any of these other business services? <i>(check all that apply)</i> <input type="checkbox"/> SBDC <input type="checkbox"/> SBA <input type="checkbox"/> SCORE <input type="checkbox"/> GCC <input type="checkbox"/> Private consultants <input type="checkbox"/> Bank <input type="checkbox"/> Other _____			

The FCCDC applies for and has received Federal funds to assist its operation. A condition of receiving those funds is that the family income information be collect from each applicant.

"This Institution is an Equal opportunity Provider" EOE

**CONFIDENTIAL**

The information you provide will be kept confidential.

### Demographic Data

Please circle the number of persons in your family in the first row of the table below.

Family Size	1	2	3	4	5	6	7	8
<b>Low Income</b>	\$ 25,100	\$ 28,700	\$ 32,250	\$ 35,850	\$ 38,700	\$ 41,600	\$ 44,450	\$ 47,300
<b>Moderate Income</b>	\$ 40,150	\$ 45,900	\$ 51,600	\$ 57,350	\$ 61,550	\$ 66,550	\$ 71,100	\$ 75,700

Is your family income for the last twelve (12) months equal to or below the amount indicated in the row labeled "**Low Income**" for the size of your family?  Yes  No

If not, is your total family income for the last twelve (12) months equal to or below the amount indicated in the row labeled "**Moderate Income**" for the size of your family?  Yes  No

**Note: The above income information is subject to verification by government officials**

**Providing the following information is optional, but data is needed for statistical purposes**

Race: *(circle one)*

- White not Hispanic   
  Black not Hispanic   
  Hispanic   
  American Indian/Alaska Native  
 Asian/Pacific Islands   
  Other \_\_\_\_\_

Do you currently receive any of the following *(check all that apply)*?

- Unemployment Assistance   
  Career Center   
  MassRehab   
  General  
 SSI/Disability   
  Social Security   
  Medicare   
  Other \_\_\_\_\_

What is your current employment status?: *(circle one)*

- Employed PT (up to 35 hours)   
  Self-employed   
  Laid off, waiting for call back  
 Employed FT (35-40 hours)   
  Homemaker   
  Seeking employment  
 Employed more than FT (overtime/more than one job)   
  Currently in school/job training program   
  Working and in School  
 Other \_\_\_\_\_

Comments or additional information:

I agree to hold FCCDC and any third party representative harmless against any liability, loss, or damage caused by or arising from the use of any and all information or materials furnished by the FCCDC or representative in connection with my participation therein. I certify that the above information is true and correct to the best of my knowledge and understand that this information may be verified by a staff member of the FCCDC to determine eligibility for program services. If I am provided services I understand that it is my responsibility to complete the work with the guidance of the FCCDC or representative. I certify that I am over 18 years of age

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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Reviewer	Date	Entered in DB	Revised 10/28/08
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