



OFFICIAL USE ONLY
ETP: _____
Ssn # _____ Loc. _____
TA: _____

INTAKE APPLICATION

Client Information

Please complete all information on the application legibly; put N/A on items that do not apply.

Name: _____ **Suffix:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Demographic Information

Date of Birth: _____ **Gender:** Female Male

Ethnic Group

- | | |
|---|---|
| <input type="checkbox"/> Amer Indian/Alaskan native | <input type="checkbox"/> White (not Hispanic) |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Black (not Hispanic) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic | |

Educational Level

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Other |

Employment Status (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Full Time Self-Employed | <input type="checkbox"/> Part Time Employed |
| <input type="checkbox"/> Full Time Employed | <input type="checkbox"/> Seasonal Unemployment |
| <input type="checkbox"/> Part Time Self-Employed | <input type="checkbox"/> Unemployed less than 6 months |
| <input type="checkbox"/> Unemployed more than 6 months | |

Certification of Low to Moderate Income Status. Please check one of the following boxes:

- My household's yearly income is less than or equal to the income shown below for my family size.
- My household's yearly income is more than the income shown below for my family size.

Family Size	1	2	3	4	5	6	7	8
Family Income	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

12-Month Household Income: _____ **12-Month Employment Income:** _____

Business Information

ENTREPRENEUR: If you have not started your business, complete this section.

Proposed Business Name: _____

Type of business (product or service): _____

Proposed start date: _____ Business Partner? _____

Planned business location: Home-based Office/storefront Online

Please describe any previous experience in the business you wish to start or relevant management/work experience.

MICROENTERPRISE/OPERATING BUSINESS: If you are currently in business, complete this section.

Business Name: _____

Type of business (product or service): _____

Business start date: _____ Business Partner: _____

Business Form:

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-profit corporation |
| <input type="checkbox"/> Other: | |

Please check the business registration documentation held for your business and indicate other features:

- | | |
|---|--|
| <input type="checkbox"/> LA Tax Registration Cert. (business license) | <input type="checkbox"/> 8a, CCR, M/W/DBE, SBE, CBE, SLB |
| <input type="checkbox"/> Seller's Permit/Resale Number | <input type="checkbox"/> Trademark/Copyright/Patent |
| <input type="checkbox"/> Registered DBA | <input type="checkbox"/> Completed business plan |
| <input type="checkbox"/> Disabled-owned business | <input type="checkbox"/> Certified woman-owned |
| <input type="checkbox"/> Certified minority-owned business | <input type="checkbox"/> Other (please specific below) |
| <input type="checkbox"/> None | |

Please provide any notes to clarify the options selected above (i.e. date obtained, etc.)

Business location: Home-based Office/storefront Online

If office/storefront, business address: _____

Business Phone: _____ Business Email/Website: _____

Are you operating this business full- or part-time? Full-time Part-time

How many employees work for your business (including yourself)? Full-time Part-time

Are you seeking to hire additional employees? Yes No

What is your current revenue (gross receipts)? Monthly 2010 year

Have you ever started another business? Yes No

If yes, is it still operating? Yes No How long? _____

Please describe the business and explain if it is no longer in operation:

Are you in need of technical assistance (business counseling)? Yes No

If yes, please provide the specific areas needed (i.e. marketing, business strategic planning, access to capital, etc.)

Referral Information

How did you hear about this program?

Friend _____ Newspaper (specify) _____
Online advertisement _____ WorkSource Center _____
(specify) _____ (specify) _____
ETP Alumni _____ Other (specify) _____

I certify that my answers are true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Please return application via postal mail, fax or email to:
West Angeles Community Development Corporation
6028 Crenshaw Blvd., Los Angeles, CA 90043
Fax: (323) 751-7631

*For questions, please call
(323) 751-3440*