



## Small Business Intake Form

Contact Information									
Last Name			First Name			MI		Application Date	
Mailing Address			City			State		Zip Code	
Home Phone Number			Work Number			Fax Number			
Cell Number			E-mail Address				Website		
Please provide the names of two people who know you and can relay a message from West Angeles CDC if you move.									
Name: _____			Phone Number: _____			Relation: _____			
Name: _____			Phone Number: _____			Relation: _____			
Business Name			Business Phone Number			Business Fax Number			
			( ) ( ) ( )			( ) ( ) ( )			
Business Address			City			State		Zip Code	
Household Information									
Ethnicity	American Indian or Alaskan Native <input type="checkbox"/>		African American <input type="checkbox"/>		Native Hawaiian/Alaska Native <input type="checkbox"/>		Mixed-Race <input type="checkbox"/>		
	Asian/Pacific Islander <input type="checkbox"/>		Hispanic/Latino <input type="checkbox"/>		White/Caucasian <input type="checkbox"/>		Other <input type="checkbox"/>		
Gender	Female <input type="checkbox"/>		Are currently receiving any public assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Male <input type="checkbox"/>								
Do you have a physical or mental disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			Total Number in Household						
			Last Year's Annual Gross Income		\$ _____				
			How much did you save last year:		\$ _____				
Employment Information									
Employment Status: (FT ≥ 35 hours/week)	FT Self-Emp, year round <input type="checkbox"/>		Full-Time Employed <input type="checkbox"/>		Seasonally Employed <input type="checkbox"/>		Unemployed <input type="checkbox"/>		
	PT Self-Emp, year round <input type="checkbox"/>		Part-Time Employed <input type="checkbox"/>						
Health Insurance Information									
Do you personally have health insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>						
Business Information									
Do you currently own a business?			Yes <input type="checkbox"/> No <input type="checkbox"/>			Date Business Started: ____/____/____			
Is this business full-time or part-time?			(FT ≥ 35 hours/week) Full-Time <input type="checkbox"/>			Part-Time <input type="checkbox"/>		Seasonal <input type="checkbox"/>	
Please describe your business:									
Do you have paid employees or contractors?			If yes, total number of paid workers in last 12 months (FT > 35 hrs/wk)		Full-Time:		Part-Time:		Seasonal/Temporary:
Yes <input type="checkbox"/> No <input type="checkbox"/>									
Last years gross sales:			\$ _____		Amount taken out of business for personal expenses: \$ _____				
In the last year, did you take money out of your business for personal expenses?			Yes <input type="checkbox"/> No <input type="checkbox"/>						
Client Acknowledgement									
From time to time, West Angeles CDC collects follow-up information from its clients to learn more about the economic, business and employment experiences clients have experienced. I agree, as an active client, to provide certain information to West Angeles CDC on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will be shared in a trustworthy manner.									
Signature							Date		