

NORRISTOWN SMALL BUSINESS ASSISTANCE CENTER

CLIENT INTAKE FORM



Date _____

First Name _____ MI. _____ Last Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ FAX _____

RACE

<input type="checkbox"/> 1. American Indian/Alaskan Native	<input type="checkbox"/> 3. Black / African-American	<input type="checkbox"/> 5. White
<input type="checkbox"/> 2. Asian American	<input type="checkbox"/> 4. Native Hawaiian /other Pacific Islander	<input type="checkbox"/> 6. I do not wish to respond

ETHNICITY

<input type="checkbox"/> 0. Hispanic	<input type="checkbox"/> 1. Not of Hispanic Origin	<input type="checkbox"/> 2. I do not wish to respond
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Is it important to you that this Center targets Norristown Residents and businesses?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Are you Head of household?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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What is Your Highest Level of Education?

High School	Some College	2 yr Degree	4 yr Degree	Graduate Degree
<input type="checkbox"/>				

What is your current employment status?

<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed by someone else
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How many people are in your household?

_____ Adults 18 yrs and older (including yourself) _____ Children under 18

What was your gross household income before taxes last year that supported all members of the household?

<input type="checkbox"/> Under \$ 5,000	<input type="checkbox"/> \$ 5,000 - \$14,999	<input type="checkbox"/> \$15,000 - \$24,999	<input type="checkbox"/> \$100,000 and over
<input type="checkbox"/> \$25,000 - \$34,999	<input type="checkbox"/> \$35,000 - \$44,999	<input type="checkbox"/> \$45,000 - \$54,999	
<input type="checkbox"/> \$55,000 - \$64,999	<input type="checkbox"/> \$65,000 - \$74,999	<input type="checkbox"/> \$75,000 - \$99,999	



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BUSINESS OWNERSHIP

Female (100%) Male (100%) Male/Female (50/50) I do not wish to respond

VETERAN STATUS

1. Veteran 2. Service-Connected Disability
 4. Non-Veteran 5. I do not wish to respond

COMPANY NAME: _____ **DATE ESTABLISHED** _____

Is this a woman owned (51% or greater) business YES NO

If this is a minority-owned (51% or greater) business, please choose the race of owner.

American Indian Black/African American Asian Hispanic or Latino Hawaiian/Pacific Islander

If this is a veteran-owned (51% or greater) business, please choose veteran status of owner.

Non-Veteran Veteran Service-connected disabled

Is this a home based business YES NO

What is the number of paid employees hired?

Full Time >35hrs wk Part-Time <35hrs wk Seasonal/Temporary

What is the number of paid employees let go? _____

Form of Business

Sole Proprietorship Corporation Limited Liability Company (LLC)
 Partnership S-Corporation

Business Type

Retail Trade Service Wholesale Trade
 Manufacturing Construction Financing Other

What were this business's total sales/gross receipts last year?

Under \$ 5,000 \$ 5,000 - \$14,999 \$15,000 - \$24,999
 \$25,000 - \$34,999 \$35,000 - \$44,999 \$45,000 - \$54,999 \$100,000 and over
 \$55,000 - \$64,999 \$65,000 - \$74,999 \$75,000 - \$99,999

What were this business's net profit (or net loss) BEFORE taxes?

Under \$ 5,000 \$ 5,000 - \$14,999 \$15,000 - \$24,999
 \$25,000 - \$34,999 \$35,000 - \$44,999 \$45,000 - \$54,999 \$100,000 and over
 \$55,000 - \$64,999 \$65,000 - \$74,999 \$75,000 - \$99,999

Is Business Online YES NO

Business Start Date _____ **Month** _____ **Year** _____

Print Name _____

Sign Name _____

Date _____



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