

BUSINESS SEED CAPITAL

REQUEST FOR COUNSELING

Today's Date: _____

The following information regarding race, ethnicity, or sex is requested by the Federal Government in order to monitor the Lender's compliance with the Equal Credit Opportunity Act. You are not required to furnish this information, but you are encouraged to do so. The law requires that the Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. Credit or assistance from the Lender is provided without regard to sex, marital status, race, color, religion, national origin, age, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Client Information

Name: _____
First Middle Last Maiden Name

Address: _____

City/Town/County: _____ State: _____ ZIP Code: _____

Geographic Location (choose one): ☐ Suburban ☐ Urban ☐ Rural

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

SSN: _____ Date of Birth: _____

Gender (choose one): ☐ M ☐ F Age: _____ US Citizen (choose one): ☐ Y ☐ N

Employer: _____ Employer's Phone: _____

Personal Yearly Income: _____

Monthly Income from Seasonal Income Sources: _____

Sources of Income (choose which apply):

- ☐ Salary/Wages ☐ Alimony/Support ☐ Social Security ☐ Self Employment ☐ General Assistance
☐ No Income ☐ Unemployment ☐ AFDC ☐ SSI ☐ Victim Benefits ☐ Retirement/Pension
☐ Food Stamps ☐ Housing ☐ Medical Aid ☐ Dividend/Interest
☐ Other _____

Race/Ethnicity (choose which apply):

- ☐ Native American ☐ Alaskan Native ☐ African American ☐ Native Hawaiian ☐ Puerto Rican
☐ African American & White ☐ Black ☐ Hispanic ☐ White ☐ Asian ☐ Other Pacific Islander
☐ Alaskan Native & African American ☐ Japanese ☐ Chinese ☐ Multi-Group ☐ Eskimo
☐ Asian & White

Do you consider yourself a person with disability (choose one): ☐ Y ☐ N

Veteran Status (choose one):

- ☐ Veteran ☐ Connected disabled veteran ☐ Disabled veteran ☐ Vietnam-era veteran ☐ Non-veteran

Migrant Worker (choose one): ☐ Y ☐ N **Refugee (choose one):** ☐ Y ☐ N

Education (choose one): ☐ Up to 8th grade ☐ Up to 12th grade ☐ Diploma or GED
☐ Any school beyond highschool ☐ College graduated 2 or 4 years

Medical Coverage (choose one): ☐ Private ☐ Medicare ☐ Medicaid ☐ None

Farmer (choose one): ☐ Y ☐ N

Language (choose one): ☐ English ☐ Other _____
List language most often used

Own/Rent (choose one): ☐ Own ☐ Rent ☐ Boarder

Marital Status (choose one): ☐ Single ☐ Married ☐ Divorced ☐ Widow

Employment Status (choose one): ☐ Employed ☐ Seeking employment ☐ Cannot work

Are you a convicted felon (choose one): ☐ Y ☐ N

If yes, explain: _____

Business Information

Are you currently in business (choose one): ☐ Y ☐ N

Have you completed a business plan (choose one): ☐ Y ☐ N

Describe the nature of the business you plan to start or expand: _____

Business Owner's Name: _____

Other Owners: _____

Business Name: _____

Business Address: _____

City/Town/County: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____ **Cell Phone:** _____

Email Address: _____

Website Address: _____

Number of Employees: _____

Business Description (choose which apply):

☐ Retail ☐ Service ☐ Manufacturing ☐ Construction ☐ Other _____

Business Status (choose one):

☐ Not existing yet ☐ Start-up phase (6 months or less) ☐ Existing business (6 months or more)

Date business started: _____ How long have you been in business: _____

Do you currently have a business license (choose one): ☐ Y ☐ N

If yes, how long have you had a business license: _____

Standard Industrial Classification (SIC) Code: _____

Business Size in Gross Revenue Per Year: _____

Business Size in Number of Full-Time/Part-Time Positions: _____

Employer Identification Number (EIN): _____

Business Ownership (choose which apply): ☐ Minority ☐ Male ☐ Female ☐ Male and female

Gender Data (choose one): ☐ 100% Female owned ☐ 51-99% Female owned

Legal Entity (choose one):

☐ Sole proprietorship ☐ Partnership ☐ Limited partnership ☐ Corporation ☐ S-Corporation ☐ LLC

Is this a homebased business (choose one): ☐ Y ☐ N

What City, Town, or County (circle which) do you start the business in: _____

What business resources have you worked with in the past (choose which apply):

☐ None ☐ SBDC ☐ SCORE ☐ New Century Venture Center ☐ Local banks ☐ Business SEED

Business is located in empowerment zone (choose one): ☐ Y ☐ N

Business is located in enterprise zone (choose one): ☐ Y ☐ N

Number of jobs created in the last month (including self): _____

Number of jobs retained in the last month (including self): _____

Number of jobs lost in the last month: _____

Do you currently have business credit (choose one): ☐ Y ☐ N

Name of Financing Institution(s): _____

Contact Name: _____ Telephone of Primary Lender: _____

City/Town/County: _____ State: _____

How did you hear of us (choose which apply):

☐ Word of mouth ☐ Bank ☐ Newspaper ☐ Chamber of Commerce ☐ Internet ☐ Radio ☐ Television

☐ Magazine ☐ SCORE ☐ Other _____

I give Business SEED permission to promote my business. _____
Initials here

I request business management counseling service from a Small Business Administration (SBA) Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I authorize SBA to furnish relevant information to the assigned management counselor(s), I understand that any information disclosed to be held in strict confidence by him/her.

I further understand that any counselor has agreed not to: (1) recommend goods and services from sources in which he/she has an interest and (2) accept fees or commission developing from this counseling relationship.

In consideration of the counselor(s) furnishings management or technical assistance, I waive all claims against SBA personnel, SCORE and its host organizations, and other SBA Resource counselors arising from this assistance.

Business SEED Loan Program and Total Action Against Poverty in Roanoke Valley are not responsible in any way for actions taken and all results that occur due to participation in the Business SEED Loan Program. Furthermore, the U.S. Small Business Association is not responsible in any way for actions or results due to participation in the Business SEED Loan Program. Participating in this program in no way guarantees the participant financing from this program or any other.

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension 7 CFR Part 3017, Section 3017.510. Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.

Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

By signing below I acknowledge that I have read and understood the above statements.

Client's Signature

Date