

# NDC NEIGHBORHOOD ENTREPRENEUR TRAINING APPLICATION

The Neighborhood Development Center is a community-based non-profit organization that works in the inner cities of St. Paul and Minneapolis helping emerging entrepreneurs build successful businesses that serve their communities, and helping community groups build stronger neighborhood economies.

The Neighborhood Development Center does not discriminate in providing services to individuals on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance or refugee. The information collected on this application is considered public data for the purpose of Minnesota Statutes Chapter 13. Individuals may refuse to provide any of the information requested. We appreciate your taking the time to complete the form.

## I. APPLICANT INFORMATION

<b>APPLICANT</b>			
<b>First Name</b>	<input type="text"/>	<b>Day Phone</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	<b>Evening Phone</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>Email Address</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>State</b> <u>MN</u>	<b>Zip</b> <input type="text"/>
<b>Race/Ethnic Background</b>	<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Oromo	<input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Somali	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> _____
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single
<b>Veteran Status</b>	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Veteran
<b>Are you currently a refugee or an asylee?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, you and/or our organization may be eligible for financing from a special source of funds.</b>			
<b>Please attach a copy of your I-94 or Alien Registration Card (Green Card).</b>			
<b>Age</b>	<input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 or over		

<b>PARTNER OR CO-APPLICANT</b>			
<b>First Name</b>	<input type="text"/>	<b>Day Phone</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	<b>Evening Phone</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>Email Address</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>State</b> <u>MN</u>	<b>Zip</b> <input type="text"/>
<b>Race/Ethnic Background</b>	<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Oromo	<input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Somali	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> _____
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single
<b>Veteran Status</b>	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Veteran
<b>Are you currently a refugee or an asylee?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, you and/or our organization may be eligible for financing from a special source of funds.</b>			
<b>Please attach a copy of your I-94 or Alien Registration Card (Green Card).</b>			
<b>Age</b>	<input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 or over		

1. Please select one option that most accurately reflects your educational background.

- |  |  |
|--|--|
| <p style="text-align: center; margin: 0;"><b>APPLICANT</b></p> <p><input type="checkbox"/> Elementary School    <input type="checkbox"/> Technical School</p> <p><input type="checkbox"/> High School    <input type="checkbox"/> Undergraduate Degree</p> <p><input type="checkbox"/> GED    <input type="checkbox"/> Graduate Degree</p> | <p style="text-align: center; margin: 0;"><b>PARTNER</b></p> <p><input type="checkbox"/> Elementary School    <input type="checkbox"/> Technical School</p> <p><input type="checkbox"/> High School    <input type="checkbox"/> Undergraduate Degree</p> <p><input type="checkbox"/> GED    <input type="checkbox"/> Graduate Degree</p> |
|--|--|

**2. What do you rely on as your PRIMARY source of HOUSEHOLD income? (Check only one)**

**APPLICANT**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (part-time) | <input type="checkbox"/> Spouse/Partner Income |
| <input type="checkbox"/> Full-time job             | <input type="checkbox"/> Part-time job             | <input type="checkbox"/> Savings/Investments   |
| <input type="checkbox"/> Alimony/Child Support     | <input type="checkbox"/> Public Assistance         | <input type="checkbox"/> Unemployment          |
| <input type="checkbox"/> Social Security           | <input type="checkbox"/> Disability                | <input type="checkbox"/> Other                 |

**PARTNER**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (part-time) | <input type="checkbox"/> Spouse/Partner Income |
| <input type="checkbox"/> Full-time job             | <input type="checkbox"/> Part-time job             | <input type="checkbox"/> Savings/Investments   |
| <input type="checkbox"/> Alimony/Child Support     | <input type="checkbox"/> Public Assistance         | <input type="checkbox"/> Unemployment          |
| <input type="checkbox"/> Social Security           | <input type="checkbox"/> Disability                | <input type="checkbox"/> Other                 |

**3. Does either applicant receive welfare benefits?**  Yes  No

**4. Have you ever received business training?**

- Yes I started this program before, but did not finish.
- Yes From another organization: (please provide the name) \_\_\_\_\_
- No

**5. Do you have any experience managing or operating the type of business you are interested in?**

- Yes Please describe: \_\_\_\_\_
- \_\_\_\_\_
- No \_\_\_\_\_

**6. What type of job do you have now?** \_\_\_\_\_

**7. Will you continue to work at this job after starting your business?**

- Yes If yes, do you plan to work:  full-time  part-time
- No

**II. TELL US ABOUT YOUR BUSINESS**

Please answer the following questions as completely as you can.

If you **have not opened your business** yet, please *complete questions 8-15* and then go to the income verification form.

If your **business is already open**, please *complete questions 8-14 and A-G*, then go to the income verification form.

**8. Is your business already operating?**

- Yes: Full-Time (35 hours/week or more)  Yes: Part-Time (less than 35 hours/week)  No

**9. Name of business (official or unofficial):** \_\_\_\_\_

**10. Please describe your business or business idea.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Why do you want to start or expand your own business?

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12. Do you expect your business to provide:  Primary Income  Supplemental Income

13. How much money do you have to put into your business? \_\_\_\_\_

14. How much money do you think you would need to borrow to start your business? \_\_\_\_\_

15. If you DO NOT currently operate your own business:

A. Where do you plan to locate your business?  
Address? \_\_\_\_\_

B. Do you need help finding a location?  Yes  No

**Computer Skills:**

16. My computer knowledge is:  Advance  basic  none  intermediate

17. Are you interested in taking computer classes for a nominal fee?

Yes  No  May be

18. What would you like to learn?

Word  Excel  Publisher  Internet/email  Keyboard/mouse  Other \_\_\_\_\_

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**The following questions are for applicants who currently operate their own businesses. If your business is not yet open, continue to the next page.**

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A. Where is your business located?  In Home  Commercial Location

Name of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Business Phone Number \_\_\_\_\_

B. What type of business do you operate?

Service to individuals  Service to businesses  Retail / Trade  
 Wholesale  Manufacturing

C. How long has your business been in operation?

less than 6 months  6 months-1 year  1 - 3 years  more than 3 years  
Month/Year first sale was made \_\_\_\_\_

D. How many employees does your business have? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
How many of these employees are family members? \_\_\_\_\_

E. How many hours do you work at your business each week? \_\_\_\_\_

F. Do you take an owner's draw (salary)?  No  Yes Amount \$ \_\_\_\_\_ / year

G. Do you have a written business plan?  Yes  No

**III. How did you find out about this program?** \_\_\_\_\_

NDC provides scholarships for low to moderate-income individuals that would like to participate in our Neighborhood Entrepreneur Training Program. Scholarships are based on a sliding scale according to last year's household income. **The regular fee for the class is \$600. The largest scholarship can lower the fee to \$75. If you would like to be considered for a scholarship we must have the following information from each partner.** Married business partners only need to fill out one income verification.

**IV. INCOME VERIFICATION for Class Scholarship (Applicant)**

- 1) Applicant Household Size \_\_\_\_\_ # Adults \_\_\_\_\_ # Children  
2) Annual Household Income \_\_\_\_\_

**V. Signature**

The information given on this application is correct and true to the best of my knowledge. I understand that NDC may verify the income information by reviewing W2 forms or tax returns. I hereby authorize NDC to verify the above information.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VI. INCOME VERIFICATION for Class Scholarship (Partner)**

- 1) Partner Household Size \_\_\_\_\_ # Adults \_\_\_\_\_ # Children  
2) Annual Household Income \_\_\_\_\_

**VII. Signature**

The information given on this application is correct and true to the best of my knowledge. I understand that NDC may verify the income information by reviewing W2 forms or tax returns. I hereby authorize NDC to verify the above information.

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return the entire completed application to:

**Neighborhood Development Center**  
663 University Avenue, Suite 200  
St. Paul, MN 55104  
Fax: 651-291-2597