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

APPLICANT
First Name _________________________ Day Phone ( ___ ) ____ - _____
Last Name _________________________ Evening Phone ( ___ ) ____ - _____
Address _________________________ Email Address _________________________
City _________________________ State ___ Zip ________

Race/Ethnic Background:
African American  American Indian  Asian
Asian American  Caucasian  Hispanic
Oromo  Somali  ______________

Sex  Male  Female

Marital Status: □Married  □Single

Date of Birth: _______________________

Veteran:  Non-Veteran  Vietnam Era Veteran  Other Veteran

Are you currently a refugee or an asylee?  □Yes  □No

If yes, you and/or our organization may be eligible for financing from a special source of funds. Please attach a copy of your wvv of Alien Registration Card (Green Card).

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

- Self-employed (full-time)
- Self-employed (Part-time)
- Spouse/Partner Income
- Full-time job
- Part-time job
- Savings/Investments
- Alimony/Child Support
- Public Assistance
- Unemployment
- Social Security
- Disability
- Other

3. Do you receive welfare benefits?  Yes  No

4. Please circle one option that most accurately reflects your educational background

□ Elementary School  □ Associates Degree  □ Graduate Degree
□ High School  □ Technical School
□ GED  □ Undergrad Degree
5. 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

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

☐ Yes Please describe: _____________________________________________________________

                                                                                     ________________________________
                                                                                     ________________________________

☐ No

7. What type of job do you have now? ________________________________________________

8. 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.

9. Is your business already operating?

☐ Yes: Full-time (35 hours/week or more) ☐ Yes: Part-time ☐ No

10. Name of business (official or unofficial): ________________________________________

11. Please describe your business or business idea. ___________________________________

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

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

14. How much money do 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: □ Advanced □ Basic □ None □ Intermediate
17. Are you interested in taking computer classes? □ Yes □ No □ Maybe
18. What would you like to learn?
□ Word □ Excel □ Publisher □ Internet/Email □ Keyboard/Mouse
□ Other __________________________

The following questions are for applicants who currently operate their own businesses. If your business is not yet open, continue to Section III.

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

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 $________

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 $650. The largest scholarship can lower the fee to $100. 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 __________________________
VI. 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       Date

_______________________________________________   ________________

Please return the entire completed application to:

Neighborhood Development Center
663 University Avenue West, Suite 200
St. Paul, MN 55104
651.291.2480
651.291.2597/Fax
PARTNER OR CO-APPLICANT

First Name _________________________  Day Phone (___) ____ - ______
Last Name _________________________  Evening Phone (___) ____ - ______
Address _________________________  Email Address _________________________
City _________________________  State ___ Zip ________

Date of Birth:

Race/Ethnic Background
African American  American Indian  Asian
Asian American  Caucasian  Hispanic
Oromo  Somali

Marital Status  Married  Single
Sex  Male  Female

Veteran  Non-Veteran  Vietnam Era Veteran  Other Veteran

Are you currently a refugee or an asylee?  Yes  No

If yes, you and/or our organization may be eligible for financing from a special source of funds.
Please attach a copy of your wvv of Alien Registration Card (Green Card).

2. What do you rely on as your PRIMARY source of HOUSEHOLD income? (Circle only one)
Self-employed (full-time)  Self-employed (Part-time)  Spouse/Partner Income
Full-time job  Part-time job  Savings/Investments
Alimony/Child Support  Public Assistance  Unemployment
Social Security  Disability  Other

4. Please circle one option that most accurately reflects your educational background
Elementary School  Associates Degree  Graduate Degree
High School  Technical School
GED  Undergrad Degree

IV. INCOME VERIFICATION for Class Scholarship (Applicant)

1.) Applicant Household Size  _____# Adults  _____# Children
2.) Annual Household Income  _________________________

Co-Applicant  Date
_______________________________________________  ________________
PARTNER OR CO-APPLICANT

First Name _________________________ Last Name _________________________
Address _________________________ City _________________________
State ___ Zip ________

Day Phone (___) ___ - _____
Evening Phone (___) ___ - _____
Email Address _________________________

Date of Birth:

Race/Ethnic Background

African American  American Indian  Asian  Kamikuri
Asian American  Caucasian  Hispanic  Oromo
Somali

Marital Status   Married  Single

Sex   Male  Female

Veteran  Non-Veteran  Vietnam Era Veteran  Other Veteran

Are you currently a refugee or an asylee?   Yes  No

If yes, you and/or our organization may be eligible for financing from a special source of funds.
Please attach a copy of your wvv of Alien Registration Card (Green Card).

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

Self-employed (full-time)  Self-employed (Part-time)  Spouse/Partner Income
Full-time job  Part-time job  Savings/Investments
Alimony/Child Support  Public Assistance  Unemployment
Social Security  Disability  Other

4. Please circle one option that most accurately reflects your educational background

Elementary School  Associates Degree  Graduate Degree
High School  Technical School
GED  Undergrad Degree

IV. INCOME VERIFICATION for Class Scholarship (Applicant)

1.) Applicant Household Size  _____# Adults  _____# Children

2.) Annual Household Income  _________________________

Co-Applicant _________________________ Date  _________________________