



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, Last Name, Address, City, State, Zip, Day Phone, Evening Phone, Email Address, Date of Birth

Race/Ethnic Background:

African American, American Indian, Asian, Asian American, Caucasian, Hispanic, Oromo, Somali, Sex Male Female

Marital Status: Married Single

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



**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 \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_ Zip \_\_\_\_\_

Day Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_  
Evening Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_  
Email Address \_\_\_\_\_

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 wv 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  
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  
\_\_\_\_\_  
\_\_\_\_\_