



## NDC NEIGHBORHOOD ENTREPRENEUR TRAINING APPLICATION

The Neighborhood Development Center (NDC) 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.

### I. PRIMARY APPLICANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_

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

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### RACE/ETHNIC BACKGROUND:

- Native American
- Hispanic
- Caucasian
- African – Somali
- African – Oromo
- African American
- Asian – Hmong
- Asian – Other
- Other: \_\_\_\_\_

#### IMMIGRANT TO THE U.S.:

- Yes
- No

#### SEX:

- Female
- Male

#### VETERAN STATUS:

- Vietnam Era Veteran
- Other Veteran
- Non-Veteran

#### EDUCATIONAL BACKGROUND:

- Elementary School
- High School Diploma/GED
- Undergrad Degree

- Associate Degree/Technical School
- Graduate Degree
- N/A

#### EMPLOYMENT STATUS:

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

- |  |  |  |
|--|--|--|
| Part-time job <input type="checkbox"/>         | Full-time job <input type="checkbox"/>     | Unemployment <input type="checkbox"/>          |
| Spouse/Partner Income <input type="checkbox"/> | Self-employed <input type="checkbox"/>     | Alimony/Child Support <input type="checkbox"/> |
| Social Security <input type="checkbox"/>       | Disability Income <input type="checkbox"/> | Public Assistance <input type="checkbox"/>     |
| Other: _____ <input type="checkbox"/>          |  | (Including Food Stamp)                         |

#### WHAT IS YOUR CURRENT RELATIONSHIP TO NDC: (Circle all that applies)

- Alumni  Tenant  Loan Client  Other: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS PROGRAM? \_\_\_\_\_

Applicant's Adjusted Gross Income \$ \_\_\_\_\_

HOUSEHOLD SIZE: (according to your tax return)

# Adults \_\_\_\_\_ # Children/Dependents \_\_\_\_\_

**II. CO-APPLICANT/BUSINESS PARTNER INFORMATION (IF APPLICABLE)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

**RACE/ETHNIC BACKGROUND:**

Native American   
Hispanic   
Caucasian   
African – Somali   
African – Oromo   
African American   
Asian – Hmong   
Asian – Other   
Other: \_\_\_\_\_

**IMMIGRANT TO THE U.S.:**

Yes   
No

**SEX:**

Female   
Male

**VETERAN STATUS:**

Vietnam Era Veteran   
Other Veteran   
Non-Veteran

**EDUCATIONAL BACKGROUND:**

Elementary School   
High School Diploma/GED   
Undergrad Degree

Associate Degree/Technical School   
Graduate Degree   
N/A

**EMPLOYMENT STATUS:**

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

Part-time job  Full-time job  Unemployment   
Spouse/Partner Income  Self-employed  Alimony/Child Support   
Social Security  Disability Income  Public Assistance   
Other: \_\_\_\_\_ (Including Food Stamp)

**WHAT IS YOUR CURRENT RELATIONSHIP TO NDC: (Circle all that applies)**

Alumni  Tenant  Loan Client  Other: \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THIS PROGRAM?** \_\_\_\_\_

Applicant's Adjusted Gross Income \$ \_\_\_\_\_

HOUSEHOLD SIZE: (according to your tax return)

# Adults \_\_\_\_\_ # Children/Dependents \_\_\_\_\_

### III. TELL US ABOUT YOUR EXPERIENCE

1. My computer knowledge is: Basic  Intermediate  Advanced  None

2. Have you ever received business training?

Yes, I started this program before, but did not finish.

Yes, I have completed business training in the past (*please provide the organization & year completed*)

No I've never attended NDC training before

3. Do you have any experience managing or operating the type of business you are interested in? If yes, please describe: \_\_\_\_\_

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

5. 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

### IV. TELL US ABOUT YOUR IDEA

1. Describe your business or business idea: \_\_\_\_\_

2. Why do you want to start your own business? \_\_\_\_\_

3. What is the name of business (official or unofficial): \_\_\_\_\_

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

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

### V. IF YOU ARE CURRENTLY IN BUSINESS

1. Is your business operating: Full-time (35 hours/week or more)  Yes: Part-time

2. Is your business registered with the Secretary of State? Yes  No

3. Where is your business located? In Home  Commercial Location (*provide address below*)

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

4. What type of business do you operate?

Service to individuals

Service to businesses

Retail / Trade

Wholesale Manufacturing

5. How long has your business been in operation?

Less than 6 months  6 months - 1 year  1 - 3 Years  3 or more years

6. What was your business's gross revenue last year? \_\_\_\_\_

7. How many employees does your business have? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

8. How many of these employees are family members? \_\_\_\_\_

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

10. Why are you interested in taking the class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The Neighborhood Development Center (NDC) 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.

**OPTIONAL QUESTIONNAIRE (refusing to answer this question will not affect your application)**

Are you re-entering the community from a criminal offense? Yes  No

**INCOME VERIFICATION (for Scholarship)**

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 adjusted grossed income. The regular fee for the class is \$650. The largest scholarship can lower the fee to \$150. If you would like to be considered for a scholarship, we must have the following information from each business partner:

Applicant's Adjusted Gross Income \$ \_\_\_\_\_  
HOUSEHOLD SIZE: (according to your tax return)  
# Adults \_\_\_\_\_ # Children/Dependents \_\_\_\_\_

Co-Applicant's Adjusted Gross Income \$ \_\_\_\_\_  
HOUSEHOLD SIZE: (according to your tax return)  
# Adults \_\_\_\_\_ # Children/Dependents \_\_\_\_\_

**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.

Primary Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant/Business Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed application to:**

Neighborhood Development Center  
Attn: Training Department  
663 University Avenue West, Suite 200  
Saint Paul, MN 55104  
Phone: 651-291-2480 / Fax: 651-291-2597