

CONTACT INFORMATION (REQUIRED - PRINT LEGIBLY & COMPLETE ALL SECTIONS)

Name _____

CONTACT INFORMATION

Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Ext. _____ Fax Number: _____
 E-mail Address: _____ Website: _____

Please DO NOT put me on the BiGAUSTIN Mailing List. I do not wish to receive updates on upcoming training classes and special events.

HOME ADDRESS

Address: _____
 City: _____ State: _____
 Zip: _____ County: _____

BUSINESS ADDRESS

Address: _____
 City: _____ State: _____
 Zip: _____ County: _____

DEMOGRAPHICS - REQUIRED

I CERTIFY THAT I AM A U.S. CITIZEN, PERMANENT RESIDENT, OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE

UNITED STATES: Yes No **GENDER:** Male Female **ETHNICITY:** Hispanic Non-Hispanic

RACE (Check all that apply): Black/African American American Indian Asian American Caucasian Pacific Islander Multi-Group

Date of birth: _____ Are you married? Yes No

Do you consider yourself a person with a disability? Yes No Do you currently have health care? Yes No

EDUCATION LEVEL:

Some high school Some technical school Completed technical school Some graduate course work
 High school graduate or GED Some college Completed graduate degree Completed undergraduate degree

FINANCIAL - REQUIRED

Owner Household Income Information: Estimate the annual income of the household by projecting the total gross amount of income for all persons (related or not) living in the household at the time the assistance was requested. Estimated annual income shall include income from all sources of household members including social security and retirement. Income to be derived from the CDBG-assisted job shall not be considered in calculating estimated annual income.

What is your **annual household income** - Estimate if necessary \$ _____

Number of persons living in household: Adults _____ Children _____

Are you considered the head of household for income tax purposes? Yes No

Do you receive any of the following? Food stamps WIC Public housing TANF None

BUSINESS INFORMATION

No - **PRE - BUSINESS** Complete all that apply below Do you have a written business plan? Yes No
 Yes - **EXISTING BUSINESS** (in business **LESS** than 1 year)
 Yes - **EXISTING BUSINESS** (in business **MORE** than 1 year)

Describe your business: _____

Name of Business: _____

Business Start Date: _____/_____/_____ Is your business city-certified: No Yes If yes please circle: DBE MBE WBE

Percent of Ownership: Male Female _____ - _____% Percent of Minority Ownership _____%

Where is your business located? Home Other Residential location Retail/Commercial Location

Are you currently exporting? Yes No If Yes, to which countries _____

Does your business currently provide: Your primary source of income, or Supplemental income

Are you Sole Proprietor? Yes , If not **Please Check** Partnership LLC Sub Chapter C Corporation Sub Chapter S Corporation and provide **Tax Id #** _____

How many employees does your business have? Full-time _____ Part-time _____

How many hours per week do you spend on the business? _____

Gross Sales (Income/Revenue Last Year) \$ _____

Net Profit/Loss Last Year \$ _____

WHAT TYPE OF BUSINESS DO YOU OWN?

- Manufacturing Information Construction Finance & Insurance Public Administration Retail/trade Wholesale
- Education Services Real Estate & Rental or Leasing Health Care & Social Assistance Accommodation & Food Services
- Arts, Entertainment & Recreation Transportation & Warehousing Professional, Scientific & Technical Services
- Management of Companies & Enterprises Administrative & Support Child Care Other Services (except Public Administration)

Veteran Status: Non-Veteran (Check Here & Skip to Next Section)

Are you a veteran with over 179 days of active duty? Yes No Are you a Vietnam veteran? Yes No

MILITARY BRANCH: Air Force Air Force Reserve ANG Army Army Reserve ARNG Coast Guard
 Coast Guard Reserve Marine Corps Marine Corps Reserve Navy Naval Reserve

STATUS: Active Retired Inactive Reserve Separated **DISABILITY:** Ser. Disabled Vet Other Disabled Vet Non-Disabled Vet

The applicant is a Veteran under the following criteria: "Any former member of the armed forces who was discharged or released from duty under any conditions other than dishonorable, as well as active and former members of the Reserve and National Guard, and active duty military members preparing to transition to civilian life."

The applicant, _____, hereby swears or affirms that all information contained herein is true and that the applicant will abide by all the requirements, and regulations of TVC educational programs.

Veteran's Signature: _____ **Date:** _____

INITIAL INTEREST (check all that apply)

Loan Business Counseling Training For: Pre-Business Start-Up Business Established Business

REFERRAL: HOW DID YOU HEAR ABOUT BIGAUSTIN?

Bank BiG Staff Internet Mailing Walk-In BiG Client Posters TV Phone Book
 Word of Mouth Friend Radio Newspaper Job Fair Other Agency

Please specify: _____

WHAT GENERAL AREAS WOULD LIKE BUSINESS COUNSELING WITH?

Financing Financial Projections Accounting/Taxes Legal Issues Marketing
 Market Research Human Resources Procurement Negotiation Sales Information Technology



SBA Disclaimer: I request business management counseling service from a Small Business Administration Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistance services. I further agree to be included in this SBA partner's email distribution list and that upon receipt of email communications I will be given the opportunity to unsubscribe. 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 or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management of technical assistance, I waive all claims against SBA personnel, BIGAUSTIN and its host organizations, and other SBA Resource Counselors arising from this assistance. Please note: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0091) PLEASE DO NOT SEND FORMS TO OMB.

City of Austin Owner Disclaimer & Self Declaration: Evidenced by the signature below, Owner certifies his or her annual household income. Owner certifies that the information herein provided is true and accurate. Owner further acknowledges that any inaccuracy and/or misrepresentation provided herein may constitute fraud, which is punishable by law. Owner certifies that all information herein and any attachments hereto, are true and correct as of the date set forth opposite signature. Owner acknowledges that Title 18, Section 1001 of the US Code states that any person that makes intentional or negligent statements to any department of the United States Government is guilty of a felony that could result in but not be limited to a fine, imprisonment, or both.

This activity is funded with federal Community Development Block Grant (CDBG) funds and is designed to primarily benefit low to moderate-income households (LMI) through the provision of assistance to micro-enterprises under 24 CFR 570.201(o). A micro-enterprise is a business that has no more than 5 employees, of which, one is the owner. The micro-enterprise business owner must also be an income eligible household in order to meet the federal micro-enterprise definition and participate in the program. Owner should not provide his/her signature unless he/she has read and understands the income information they are certifying under penalty of law. At the discretion of the program, Owner may be required to provide documentation to the Program to confirm the self-declaration of income.

REQUIRED

Signature: _____ **Date:** _____

For Program Use Only:

HUD Income Guidelines Used to Certify Client Date: _____ HUD Maximum Income at 80% MFI based upon the size of the Household is: \$ _____

Based upon Owner Information Provided, Owner's Household Income: (check one)

- Does meet income qualifications, Business is certified as eligible micro-enterprise
- Does not meet income qualifications; Business is not certified as eligible micro-enterprise

Reviewer's Signature: _____ Date: _____