



Please return completed application to:
Microenterprise Assistance Program
PO BOX 75
Retsof, NY 14539
Phone: 585-226-1623
Toll-Free: 888-379-0371
Fax: 585-243-9452

PROSPECTIVE BUSINESS APPLICATION

Last Name		First Name		MI	DOB
Mailing Address		City	State	Zip Code	
Home Address (Leave Blank if Same as mailing Address)		City	State	Zip Code	
Home Phone Number	Day Phone Number	Fax Number		Veteran Status	
()	()	()		<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-connected disabled	
E-mail Address					

Household Information

Do you file your taxes as head of household? <input type="checkbox"/> yes <input type="checkbox"/> no Ages of Dependents? Ages 0-5 _____ Ages 6-12 _____ Ages 13-18 _____ Ages 19+ _____ Total No. in Household _____	Do you have a disability? <input type="checkbox"/> yes <input type="checkbox"/> no Please check box if you: Have received TANF in the last year? <input type="checkbox"/> Have received TANF in the last 2 years? <input type="checkbox"/> Are currently receiving TANF assistance? <input type="checkbox"/> Date started ____/____/____ Date ended ____/____/____ ESR Name _____	Marital Status: <input type="checkbox"/> Married SP (spouse present) <input type="checkbox"/> Married SNP (spouse not present) <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unmarried living with partner <input type="checkbox"/> Widowed
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Education	
<input type="checkbox"/> Less than HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College <input type="checkbox"/> College AA/AS	<input type="checkbox"/> College BA/BS <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational <input type="checkbox"/> Other _____

Personal Monthly Gross Income \$ _____ Household Monthly Gross Income \$ _____ Last Years Annual Gross Income \$ _____ How much did you save last year: \$ _____	Personal Monthly Gross Income Breakdown Salary/Wages: _____ TANF/CalWorks: _____ Self Emp Income: _____ Food Stamps: _____ UnEmp Benefits: _____ GR/GA: _____ Spousal Support: _____ SSI/SSR: _____ Child Support: _____ Housing Assist.: _____ Workman's Comp: _____ Disability: _____
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Employment Information

Employment Status: <input type="checkbox"/> FT Self Emp <input type="checkbox"/> FT Emp <input type="checkbox"/> Seasonal Emp <input type="checkbox"/> Unemployed more than 6 mos (FT ≥ 35 hours/week) <input type="checkbox"/> PT Self Emp <input type="checkbox"/> PT Emp <input type="checkbox"/> Unemployed less than 6 mos Hourly Wage at Job: \$ _____
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Business Information

Do you currently own a business? <input type="checkbox"/> yes <input type="checkbox"/> no Date Business Started: ____/____/____ Date Business Revenue Started: ____/____/____ If not operating a current business, did you in the past? <input type="checkbox"/> yes <input type="checkbox"/> no How long did you operate this business? _____
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The information you provide is confidential and will not be released without your permission.
 Information is used for evaluation purposes and is required by our funders/ sponsors.

PERSONAL HISTORY

This section is designed to give the applicant an opportunity to provide insight into his or her personality, background, and attitude toward entrepreneurship. The applicant is encouraged to provide as much information as possible to assist the program staff in making selection decisions. Additional pages may be attached as necessary.

1. General background, personal history, and reasons for applying to the Microenterprise Assistance Program:
2. Business-related interests:
3. Personal strengths and attributes:
4. Personal weaknesses/areas needing improvement:

SKILLS ASSESSMENT

Rate your skills and aptitudes in the following areas by circling L (low), M (medium), or H (high) as appropriate:

	Low	Medium	High
Written English language skills	L	M	H
Public speaking and presentation	L	M	H
Basic mathematics	L	M	H
Advanced mathematics	L	M	H
Computer skills	L	M	H
Personal interaction	L	M	H
Management/supervision	L	M	H

CERTIFICATION & DISCLAIMERS

Please read the following certifications carefully and sign below. All company owners, officers, or partners must sign below. If you have any questions, call Rural Opportunities Enterprise Center, Inc. at (585) 340-3385.

1. I certify that this company does not deny services, employment, or membership to persons based on political preference, race, religion, age, gender, sexual preference, handicap, or marital status.
2. I hereby certify and affirm by my signature below that the information supplied as part of this application is complete and current to the best of my knowledge.
3. I certify that no principal who owns at least 50% of the voting interest of the company is delinquent more than 60 days under the terms of any (a) administrative order, (b) court order, or (c) repayment agreement that requires payment of child support.
4. I certify that ownership of the company is at least 51% by U.S. citizens or persons admitted to the U.S. for permanent residence.
5. I certify that Rural Opportunities, Inc. (ROI), Rural Opportunities Enterprise Center, Inc. (ROECI), nor any of its principal officers (including immediate family) hold any legal or financial interest or influence in the Borrower; neither the Borrower nor any of its principal officers (including immediate family) hold any legal or financial interest in ROI or ROECI.

6. Technical Assistance Disclaimer

ROECI may render technical assistance, directly or indirectly, to you based on information you provide, in connection with management systems, internal controls, marketing plans, business plans, financial projections and compilations. Such assistance and all statements made in connection therewith are for your internal use only, and are not to be used or communicated in any manner whatsoever to third parties without ROECI's express written consent.

ROECI is in no way responsible for your use of this information, and makes no warranties and representations in connection therewith except as expressly granted in writing.

You agree to indemnify and hold ROECI/ROI harmless in connection with the use or misuse of such information, documents, representations or writing.

:

Signature

Date

Signature

Date

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:
 Hispanic or Latino ___
 Not Hispanic or Latino ___

Race: (Mark one or more)
 White ___ Black or African American ___
 American Indian/Alaska Native ___ Asian ___
 Native Hawaiian or Other Pacific Islander ___

Gender: Male ___ Female ___

ROECI is an equal opportunity provider. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410.

Please return completed application to:

MAP

PO Box 75

Retsof, NY 14539

Phone: 585-226-1623

Fax: 585-243-9452

Toll Free: 888-379-0371

Email: kenGLISH@ruralinc.org