



Date: ____/____/____

Small Business Services Client Intake Form

1. PERSONAL INFORMATION

First name: _____ Middle initial: _____ Last name: _____

Home address: street, city, state, zip code, county: _____

Primary phone: (____) ____-____ Secondary phone: (____) ____-____ Email: _____

2. DEMOGRAPHIC INFORMATION

Highest level of education completed:

- Primary Some college Master's degree
 High school graduate (or equivalent) Associate's degree Professional school degree (MD, DDC, JD, etc)
 Technical school Bachelor's degree Doctorate degree

Birth Date: ____/____/____ Gender: Male Female Other

Civil status: Single Married Domestic partnership Divorced Separated

Which categories best describe you? (Select all boxes that apply, note that you may select more than one group):

- American Indian Hispanic, Latino, or Spanish origin White
 Asian Middle Eastern or North African Some other race, ethnicity, or
 Black or African Am. Native Hawaiian or Other Pacific Islander origin: _____

Country of origin: _____ Years living in the USA: _____

Languages Spoken: English Spanish French Arabic Amharic Other: _____

Employment Status (select all that apply):

- Self-employed – Full-time Self-employed – Part-time Employed – Full-time Employed – Part-time
 Seasonally employed Unemployed

Gross household annual income (last year): \$ _____ Gross personal annual income (last year): \$ _____

Housing status: Rent (monthly) \$ _____ Own Other _____ Household size: Adults: ____ Children: ____

Which of the following bank accounts do you have (check all that apply)?

- Personal checking Personal savings None (unbanked)

Have you reviewed your credit report in the past 12 months? Yes No

How did you hear about us (please provide name of source)?

- Government/non-profit organization: _____ Event: _____
 Bank: _____ Website: _____
 Friend/family member: _____ TV: _____
 Radio: _____ Flyer: _____
 Newspaper: _____ Another LEDC program: _____
 Other: _____

3. BUSINESS INFORMATION

Business Stage: Idea (proposed location: DC MD VA) Operating – Business start date: ____/____/____

Is the business registered? Yes No

Do you have a completed business plan? Yes No



***If not operating skip to "4. Program Information"**

Business sector/industry:

- Auto repair shop
- Consulting services
- Food truck
- Printing services
- Beauty salon & spa
- Convenience store / grocery
- Mobile food vendor
- Transportation
- Childcare
- Event organizer
- IT provider
- Trucking company
- Cleaning services
- Food distribution & manufacturing
- Landscaping service
- Retailer
- Construction & home improvement
- Online retailer
- Other: _____

Business name: _____

Business address: street, city, state, zip code, county: _____

Website: _____

Social Media Presence: Yes No

Do you have a dedicated business bank account? Yes No

Business owner(s) or partner(s):

Name: _____ Share (%): _____

Name: _____ Share (%): _____

Name: _____ Share (%): _____

Name: _____ Share (%): _____

Do you operate your business: Full-time Part-time Seasonally

Business location status: Rent (Monthly): \$ _____ Own Home-based

Do you have any of the following?

- Tax ID number
- DUNS number
- Articles of incorporation/organization
- Operating agreement
- Minority business certification
- Certified business enterprise (DC-CBE)
- Business insurance
- Business license

Business form of organization:

- Sole proprietorship
- Partnership
- Limited liability company (LLC)
- Limited liability partnership (LLP)
- Corporation
- Non-profit organization

Annual gross business sales last year (best estimate): \$ _____

Number of people working for the company?

Full-time employees (including yourself): _____ Part-time employees (including yourself): _____

4. PROGRAM INFORMATION

I want technical assistance in the following:

- Bookkeeping
- Financial capabilities and credit counseling
- Registration/incorporation of my business
- Developing a business plan
- My web/social media presence
- Secure financing
- Developing a marketing plan
- Permits and licensing
- Other: _____

I am interested in receiving an LEDC business loan: Yes No

INFORMATION RELEASE

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that the business trainings and consultations offered by LEDC should not be considered as legal advice. I also grant permission to release information on this form to LEDC Partner Organizations for verification purposes.

Client Signature: _____

Date: ____/____/____



FOR LOAN APPLICANTS ONLY

5. LOAN INFORMATION

Do you have a Social Security Number or ITIN? Yes No

Have you ever received a loan for your business? Yes No If so, when? ____/____/____ **Loan Amount:** \$ _____

Are you currently late on any debt payments? _____

Have you paid last year's business and personal taxes? Yes No

Do you have unpaid taxes? _____

Have you filed for bankruptcy in the past year? _____

Do you have late child support payments? _____

What is the loan amount you are seeking from LEDC? \$ _____

What is the purpose of the loan? (Check all that apply)

New Building Construction

Building Improvements

Inventory

Fixtures

Machinery and Equipment

Working Capital

Vehicles

Other: _____

Total budget for the project (for start-ups): \$ _____

Approximate monthly payment you would feel comfortable paying: \$ _____

Please list any items that you might pledge as collateral: _____

References:

1. Supplier/Customer/Other (circle one): _____

Contact Name: _____ Phone #: _____

Address: _____

2. Supplier/Customer/ Other (circle one): _____

Contact Name: _____ Phone #: _____

Address: _____

CREDIT AND INFORMATION RELEASE – LOAN APPLICANTS ONLY

I authorize LEDC to pull my credit report and review my credit history, now or in the future, including obtaining consumer and/or commercial credit reports. I understand that this Loan Application may serve as the first step of a loan application and that LEDC may request supporting documents to verify the information provided. As part of the application process, I authorize LEDC to investigate and verify all of the above information and to exchange information about credit experience with other creditors, from time to time, as authorized by law. I also understand that the information provided on this Form or on my credit report may be used by LEDC to either approve or declining my request for credit. The release in any manner of all information by LEDC is hereby authorized whether such information is of record or not, and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information. I authorize LEDC to investigate and verify the above information, and contact any references regarding this application. I understand that LEDC will retain this application whether the loan is approved or denied. I understand that this application will expire 60 days after submission.

Client Signature: _____

Date: ____/____/____

SSN/ITIN: ____ - ____ - ____

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administrates compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC.