



Neighborhood Development Center

BUILDING NEIGHBORHOOD ECONOMIES FROM WITHIN

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 _____

Day Phone (___) ___ - ____

Last Name _____

Evening Phone (___) ___ - ____

Address _____

Email Address _____

City _____

State ___ Zip _____

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).

Date of Birth:

PARTNER OR CO-APPLICANT

First Name _____
Last Name _____
Address _____
City _____
State ____ **Zip** _____

Day Phone (____) ____ - ____
Evening Phone (____) ____ - ____
Email Address _____

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 I-94 of Alien Registration Card (Green Card).

Date of Birth:

1. Please select one option that most accurately reflects your educational background.

APPLICANT

PARTNER

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Technical School |
| <input type="checkbox"/> High School | <input type="checkbox"/> Undergrad Degree | <input type="checkbox"/> High School | <input type="checkbox"/> Undergrad Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> GED | <input type="checkbox"/> Graduate Degree |

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

APPLICANT

- | | | |
|--|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (Part-time) | <input type="checkbox"/> Spouse/Partner Income |
| <input type="checkbox"/> Full-time job | <input type="checkbox"/> Part-time job | <input type="checkbox"/> Savings/Investments |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Disability | <input type="checkbox"/> Other |

PARTNER

- | | | |
|--|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (Part-time) | <input type="checkbox"/> Spouse/Partner Income |
| <input type="checkbox"/> Full-time job | <input type="checkbox"/> Part-time job | <input type="checkbox"/> Savings/Investments |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Disability | <input type="checkbox"/> Other |

3. Does either applicant receive welfare benefits? Yes No

4. 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

5. Do you have any experience managing or operating the type of business you are interested in?

- Yes Please describe: _____

- No

6. What type of job do you have now? _____

7. 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.

If you **have not opened your business** yet, *please complete questions 8-15* and then go to the income verification form.

If your business is already open, please complete questions 8-14 and A-G, then go to the income verification form.

8. Is your business already operating?

- Yes: Full-time (35 hours/week or more) Yes: Part-time

9. Name of business (official or unofficial): _____

10. 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

Computer Skills:

16. My computer knowledge is: Advanced Basic None Intermediate

17. Are you interested in taking computer classes for a nominal fee? Yes No Maybe

18. What would you like to learn?

Word Excel Publisher Internet/Email Keyboard/Mouse

Other _____

The following questions are for applicants who currently operate their own businesses. If your business is not yet open, continue to Section III.

A. Where is your business located? In Home Commercial Location

Name of Business _____

Business Address _____

City _____ State _____ Zip _____

Business Phone Number (____) ____ - ____

B. What type of business do you operate?

Service to individuals Service to businesses Retail / Trade

Wholesale Manufacturing

C. How long has your business been in operation?

Less than 6 months 6 months - 1 year 1 - 3 Years More than 3 years

D. How many employees does your business have? Full Time _____ Part Time _____

How many of these employees are family members? _____

E. How many hours do you work at your business each week? _____

F. Do you take an owner's draw (salary)? No Yes Amount \$ _____

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

III. How did you find out about this program? _____

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 income. **The regular fee for the class is \$650. The largest scholarship can lower the fee to \$100. If you would like to be considered for a scholarship we must have the following information from each partner.** Married business partners only need to fill out one income verification.

IV. INCOME VERIFICATION for Class Scholarship (Applicant)

1.) Applicant Household Size _____ # Adults _____ # Children

2.) Annual Household Income _____

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

Co-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