



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

THE ENTERPRISE CENTER

Contact Information

Last Name		First Name		MI	DOB
					/ /
Mailing Address		City	State	Zip Code	Do you live within city limits?
					<input type="checkbox"/> yes <input type="checkbox"/> no
Home Address (Blank if Same as mailing Address)		City	State	Zip Code	County
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	Do you have a disability? <input type="checkbox"/> yes <input type="checkbox"/> no	Marital Status:
Ages of Dependents? Ages 0-5 _____ Ages 6-12 _____ Ages 13-18 _____ Ages 19+ _____	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 _____	<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

Education		Other _____	
<input type="checkbox"/> Less than HS	<input type="checkbox"/> College BA/BS	<input type="checkbox"/> Some College	<input type="checkbox"/> College AA/AS
<input type="checkbox"/> HS/GED	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Vocational	

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

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: \$ _____				

Insurance Information

Do you have Health Insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no
Type of Health Insurance	
<input type="checkbox"/> Public	<input type="checkbox"/> Spouse Employer <input type="checkbox"/> Employer <input type="checkbox"/> Private
Please describe the health insurance coverage for the household.	
<input type="checkbox"/> All members insured	<input type="checkbox"/> Some members insured
<input type="checkbox"/> No members insured	

Business Information

Have you owned another business?	<input type="checkbox"/> yes <input type="checkbox"/> no
Date Business Started: ____/____/____	
Date Business Closed: ____/____/____	
Why did you close it? _____	

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. Describe your 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:
5. What areas of your personal character, life experiences, and abilities will be of particular importance in achieving success as an entrepreneur?
6. In what areas of entrepreneurship do you feel you will need the most instruction and guidance?

- Are you current in all tax obligations? (circle)
Y N

EXPLAIN:

- Are you delinquent in the payment of any loans? Y N

EXPLAIN:

- Have you been declared in default on any of its loans? Y N

EXPLAIN:

- Have you ever filed for bankruptcy? Y N

EXPLAIN:

- Are there currently any unsatisfied judgments against you? Y N

EXPLAIN:

- Are there currently any unsatisfied judgments against any of the company's principals? Y N

EXPLAIN:

BUSINESS HISTORY

Describe the nature and history of your existing/potential business, including the products or services offered, customers, suppliers, sales history, employment pattern, etc. Attach additional pages if necessary.

Discuss the strengths and weaknesses of your company's performance to date.

BUSINESS PLANNING

Describe the areas where you feel your business can attain growth. Include a discussion of the markets, anticipated increased sales volumes, expanded employment opportunities, etc.

What are the impediments to your ability to achieve the business growth described above, and what assistance from the Microenterprise Assistance Program do you think would be of most value to your company?

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

Toll Free: 888-379-0371

Fax: 585-243-9452

Email: kenglish@PathStone.org