



Glenn County Health and Human Services AgencyBusiness Services Office

Application Packet for Microenterprise Assistance Project

Checklist: Sign and date all forms: Application Packet for Microenterprise Assistance Project Microenterprise Program Self-Certification of Income Questions? Please call Yassi Lam at (530) 934-1494

Funding provided by the State of California Department of Housing and Community Development Block Grant Program and the County of Glenn.

GLENN COUNTY

HEALTH AND HUMAN SERVICES AGENCY

Client ID#	
Income Level	

MICROENTERPRISE ASSISTANCE PROJECT CLIENT APPLICATION

Technical Assistance <u>only</u> (requires Self-Certification; no other documentation needed)
Technical <u>and</u> Financial Assistance (e.g. business loan) (requires Part 5 Income Qualification)

Last Name	First Name		MI	Date of Birth (DOB)
Mailing Address	City		State	Zip
Residence Address	City	State	Zip	Residence within City limits?
		I		Yes No No
Home Phone	Daytime Phone	Cell Phone		Email
Social Security Number	Gender			Veteran Status
Social Security Ivanioci				Non-Veteran Veteran Veteran
	Female Male			Service Connected Disability
Name and Telephone Number	of Emergency Contact(s)			
1.				
2.				
Household Information				
Do you file your taxes as "Head of Household"? Yes No	Do you acknowledge having a di Are you a single parent? Yes Are you over the age of 62?	No No	☐ No	Marital Status:
Do you qualify as a "Female Head of Household"? Yes No	Have you received TANF/CalWORKS in the last year? ☐ Yes ☐ No		☐ Married (living w/spouse) ☐ Married (living separately)	
Total # in Household:	Have you received TANF/CalWORKS in the last 2 years? ☐ Yes ☐ No		☐ Divorced	
Child's Name DOB	Are you currently receiving TANF/CalWORKS? ☐ Yes ☐ No		☐ Never Married ☐ Unmarried living w/ partner	
	Date started: Date ended: CalWORKS Contact Person:		☐ Widow/Widower	
Education Less than High School High School/GED Some college College AA/AS	College BA/BS Graduate degree Vocational school Other	Asian American I Native Haw American I	an American ndian/Alaska vaiian/Other l	Decline to State In Native Pacific Islander In Native and White
				an and Black/African American
Employment Information				
Employment Status:				
☐ FT Self-Employed ☐ FT Employed ☐ Unemployed (more than 6 months) ☐ Seasonal Employment ☐ PT Self-Employed ☐ Unemployed (less than 6 months) ☐ Retired				

Income Information	Personal Monthly Gross Income Breakdown *			
Personal Monthly Gross Income: \$	Salary/Wages:	Business Income:		
Household Monthly Gross Income: \$	Unemployment:	TANF/CalWORKS:		
Household Annual Gross Income: \$	GR/GA:	SSI/SSA/SSR:		
Last Year's Annual Gross Income: \$	Spousal Support:	Child Support:		
"Adjusted Gross Income" from last year's tax return (1040 form)	Insurance/Annuities:	Retirement/Pension:		
	Worker's Comp:	Disability Payments:		
Do you or anyone in your family possess income-producing	Veteran's Benefits:	Armed Forces Income:		
assets or assets on deposit in a bank/trust/market account?	Interest Income:	Dividends:		
☐ Yes ☐ No	Gift Income:	Other:		
If yes, please provide details:	Public Assistance (excluding	Other:		
	housing, utilities, and food stamps/SNAP):			
Insurance Information	Business Information **			
Do you have Health Insurance? Yes No	Do you currently own a business	s? Yes No		
Type:	If yes, number of employees and			
☐ Public/MediCal ☐ Spouse's Employer ☐ Employer	If no, have you owned a busines			
☐ Private	, ,			
Do your children have Health Insurance? Yes No	Have you ever written a Busines	s Plan? Yes No		
Type:				
Public/MediCal Spouse's Employer Employer	Where do you do your banking?	<u>.</u>		
Private		<u>.</u>		
Marketing Information				
How did you hear about the Glenn County Microenterprise Assista	nce Project?			
☐ Client (enrolled in the Project) ☐ Educational Ins				
	Health and Human Services Agenc	y (including STEP workshop)		
Friend/Relative Other:		.		
May we use your email address to communicate with you? Ye				
May the Glenn County Health and Human Services Agency use yo	ur name for promotional purposes	? L Yes L No		
Other information/demographics/data elements (list here):				
	, , , , , , ,			
 The information collected in this application is used for evaluation purposes and is required by funders/sponsors. I understand that the information I have provided about my income is subject to verification by authorized representatives of the County of Glenn, the State of California Department of Housing and Community Development (HCD), and the United States Department of Housing and Urban Development (HUD). 				
Signature)ata:			
Signature:	Date:			
*17 General categories of "Part 5 Income Exclusions" available upon request (updated January 2005; third edition).				
** If you currently own a business, please complete the "Client Application" and "Business Application."				

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MICROENTERPRISE ASSISTANCE PROJECT BUSINESS APPLICATION

Technical Assistance <u>only</u> (requires Self-Certification; no other documentation needed))

Last Name		First Name			N	<u>//II</u>
Home Address		City		State	Zip	
Home Phone			Cell Phone			
Business Name		Business Phone		Busin	ess Fax	
Business Address		City	State	e Zip	In Business sir	nce?
E-mail Address		Web Address			Is your busines limits?	s inside city
					Yes 🗌	No 🗌
Business Partner Informatio	on 	Par	tner Informatio	on		
Is this business a partnership?	First Name: Home Addre	cc.	Last N	Name:		
☐ Yes ☐ No	City:			State:	Zip:	
	Home Phone	:		Cell Phone:		
Is there a signed Partnership Agreement?	Day/Work Pl	none:				
☐ Yes ☐ No	Fax #:					
Type of partnership?	E-mail:					
☐ Legal ☐ Informal ☐ Limited Liability (LLC)	Web Site:					
Business Features						
PRE START-UP (NASCENT	BUSINESS)	Yes	No Do you	have any of the	following?	
				check all that ap	oply)	
Is this a Home-Based Busines		☐ Yes ☐	No		¬ ~ ~	
Is this a Woman-Owned Busin		☐ Yes ☐	_ _	_	Current/Valid	Business Licens
Is this a Veteran-Owned Business'		☐ Yes ☐	_	llers Permit / Res		. NT
Is this a Web-Based Business? Is this a Minority-Owned Business? Yes No			_ — -	☐ Registered DBA / Fictitious Business Name☐ Registered D&B DUNS#		
is this a wimority-owned bus.	iness:		_ _	rtified with SBA		
				tent	1 ypc.	
				ademark		
Are you engaged in import/ex	port trade?] Yes 🔲 No	<u> </u>	pyright		
Are you engaged in import/ex Is this business Full-time or Pa	_	Yes No	Co	pyright implete Business	Plan Last Rev	vision:
	art-time?	Yes No	☐ Co			vision:vision:

Б. Б				
Business Form:	Business Type (industry classification):			
Sole Proprietor	Agriculture, Forestry, Fishing and Hunting Management of Companies Transportation Arts, Entertainment, and Recreation Manufacturing/Production Utilities			
☐ Partnership☐ Corporation	Construction Mining Waste and Remediation			
S-Corporation	☐ Educational Services ☐ Professional Services ☐ Wholesale Trade			
Limited Liability	☐ Finance and Insurance ☐ Public Administration ☐ Food Service			
Company (LLC)	Health Care and Social Assistance Real Estate Rental and Leasing			
☐ Non-Profit	☐ Information ☐ Retail Trade ☐ Surplus Dealer ☐ Research and Development			
Organization	Other Services (specify)			
Undetermined	☐ Unclassified Establishment			
Business Income				
Last year's gross sales:	\$ Does your business provide: Supplementary Income Sole Source of Income			
Net profit / loss:	\$ What is your income goal?			
In the last year, did you Employee Information	r business provide for an owner's draw? Yes No Annual owner's draw amount: \$			
Employee information				
Do you have employee				
If yes, total number of o	employees in last 12 months: Full-Time: Part-Time: Seasonal/Temp:			
Within the last two yea	rs, have any of the employees of your business received TANF? Yes No How Many?			
_	s your business hired anyone receiving TANF? Yes No How Many?			
Do you provide health	care benefits to your employees? \square No \square Yes			
	receiving employer health benefits:			
How did you hear abou	t the Glenn County Microenterprise Assistance Project?			
,	address to communicate with you? Yes No			
	Health and Human Services Agency use your name for promotional purposes? Yes No ographics/data elements (list here):			
Other information/demi	ographics/data elements (fist fiere).			
1. The information	n collected in this application is used for evaluation purposes and is required by funders/sponsors.			
2. I understand that the information I have provided about my income is subject to verification by authorized representatives of the County of Glenn, the State of California Department of Housing and Community Development (HCD), and the United States Department of Housing and Urban Development (HUD).				
Signature:	Date:			
~- S	2400			

BUSINESS ASSESSMENT QUESTIONNAIRE

First & Last Name:	Date:	
Thank you for your interest in the GLENN COUNTY MICROENT following questions as completely and clearly as possible. The infor you to the appropriate services. Thank you.		
Explain your business/business idea		
Have you saved any money for your business venture? ☐ No	☐ Yes If yes, how much?	
What are your financing needs?		<u>.</u>
Choose which is applicable and then use the space below to elab Starting a business: 1) What research have you performed?		s your goal?
☐ If already in business, give a brief history of your business.		

If already in business, give a brief history of your business (continued)	
Date Business Established (Month/ Year)	
Annual Sales \$ Not counting owner(s) please provide number of Employees: Full-Time Part-Time	
Do you provide health care benefits to your employees? No Yes	
Total # of hours you work for your own business per month Were you or any of your employees unemployed before working for this business? ☐ No ☐ Yes	
If Yes, Number of people unemployed	
■ If buying/selling a business, what steps have you taken towards the purchase/sale of the business?	
	-
What services are you requesting from the Glenn County Health and Human Services Agency-Business Services?	
What are your business goals for:	
nitial meeting	
Month from Now	
6 Months from Now	
Year from Now	
5 Years from Now	
Comments:	
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