Project NEW Beginnings Application

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Please List Email Address: _____

PERSONAL INFORMATION:

Name: _____
First MI Last

Address: _____
Street # and Address Apt/Suite#

City: _____State_____ Zip: _____

Please be sure to fill in the information to the right

How did you hear about ACORN Business? _____

Have you attended: Money Smart ___Yes ___No; Other Classes (if so which)_____

GENDER: ___ Female ___ Male

RACE: ___ Native American/Alaskan Native ___ Asian American

___ Black or African American ___ White

___ Native Hawaiian or other Pacific Islander ___ I do not wish to respond.

ETHNICITY: ___ Hispanic Origin ___ NOT of Hispanic Origin

VETERAN STATUS: ___ Veteran ___ Vietnam Vet ___ Disabled Vet ___ Not a Veteran

What is your current employment status?

___ Self employed ___ Employed by someone else ___ Unemployed

What was your gross household income before taxes last year?

___ Under $15,000 ___ $15,000-$29,999 ___ $30,000-$50,999 ___ Over $51,000

How many people are in your household?_____

Business Information

1. **Please briefly describe your business on the back of this form.**

2. **Do you currently own your own business?** ___Yes ___No

   If, YES, when did you start your business? _____ _____
   Month Year

   If, NO, when do you plan to start your business? _____ _____
   Month Year

   Is/will your business (be) home based? ___Yes ___No