

WAMBC Intake Form

Date: _____ Name: _____

Address: (City, State and Zip Code)

Mailing Address: (If different)

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Gender

Date of Birth:

Marital status

Are you a Registered
Voter?

Male

Married

Yes

Female

Single

No

Divorced

Widow(er)

of Adults over 18 (Include
yourself)

of children under 18

Total Size of Household

**Are you a Single
Parent?**

**Are you the Primary
income earner in
your Family**

**Do you have
reliable access to
Internet?**

**Do you currently
receive any Public
assistance**

Yes

Yes

Yes

Yes

No

No

No

No

Are you a Veteran?

Do you have a Disability?

Do you have insurance?

Yes

No

Yes

No

Yes

No

If yes, **from where?**

Business

Private

Spouse Employer

Medicare

Medicaid

**Do other member of you family
have Health Insurance?**

All of them

Some of them

None of them

If yes, please specify:	Race/Ethnicity:	Highest Level of Education Completed:
TANF	American Indian or Alaskan	Less than High School
Unemployment	Asian	High School Diploma
State Welfare	African-American	Vocation/Technical Certificate
Social Security (SSI/SSD)	Native Hawaiian/Pacific Islander	2-year college degree
Food Stamps	White	4-year college degree
Housing assistance	Hispanic	Master's degree or above
	Other	

Current Employment Status

- | | |
|--------------------------------------|---------------------------------------|
| FT-Self Employed (at least 35hrs/wk) | PT-Self Employed (less than 35hrs/wk) |
| FT- Employed (at least 35hrs/wk) | PT-Employed (less than 35hrs/wk) |
| Unemployed since _____ | Not working due to Injury |
| Not working by choice (Inc. retired) | |

Do you own or Rent you home?	Do you own a car?	Do you have any saving you can use to start you business?	Would you rate your credit history as satisfactory?
Own	Yes	Yes	Yes
Rent	No	No	No

Do you have a Budget?	Did your income change significantly since last year, or do you expect ut ti change soon? (If so please explain)
Yes	
No	

LAST MONTH

What was you **Personal** income last month?

Please select all that apply

- Salary from a Job(s)
- Child Support
- Alimony
- Public Assistance

What was your **household** income last month?

- Self-employment
- Unemployment Benefits
- Worker's Compensation
- Other Income

Total Income Last Month

LAST YEAR

What was you **Personal** income last year?

What was your **household** income last year?

Please select all that apply

Salary from a Job(s)

Self-employment

Child Support

Unemployment Benefits

Alimony

Worker's Compensation

Public Assistance

Other Income

No other household income

Total Income Last YEAR

LAST MONTH - Income from other Adults living in household

What was your **Personal** income
last month?

What was your **household** income
last month?

Please select all that apply

Salary from a Job(s)

Self-employment

Child Support

Unemployment Benefits

Alimony

Worker's Compensation

Public Assistance

Other Income

No other household income

Total Income Last Month

LAST YEAR - Income from other Adults living in household

What was your **Personal** income
last year?

What was your **household**
income last year?

Total Income Last YEAR

Please select all that apply

Salary from a Job(s)

Self-employment

Child Support

Unemployment Benefits

Alimony

Worker's Compensation

Public Assistance

Other Income

No other household income

How did you hear about WAM-BC?

What type(s) of assistance do you think will be helpful to you in starting or expanding your business?

Business Training

One-on-One consulting

Creating a business plan

Business Loan

Help w/ specific issues (i.e
bookkeeping, marketing)

Loan amount