

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	<input type="text"/>	Married	Yes
Female		Single	No
		Divorced	
		Widow(er)	

of Adults over 18 (Include yourself)

Are you a Single Parent? Yes
No

of children under 18

Total Size of Household

Do you have reliable access to Internet? Yes
No

Do you currently receive any Public assistance Yes
No

Are you the Primary income earner in your Family Yes
No

Are you a Veteran?

Yes No

Do you have a Disability?

Yes No

Do you have insurance?

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

Would you rate your credit history as satisfactory?

Yes

Do you have a Budget?

Yes

No

No

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

LAST MONTH

What was your Personal income last month?	What was your household income last month?
<i>Please select all that apply</i>	
Salary from a Job(s)	Self-employment
Child Support	Unemployment Benefits
Alimony	Worker's Compensation
Public Assistance	Other Income

Total Income Last Month

LAST YEAR

What was your Personal income last year?	What was your household income last year?
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Please select all that apply

- Salary from a Job(s)
- Child Support
- Alimony
- Public Assistance
- No other household income

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

Total Income Last YEAR

LAST YEAR - (last years 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)
- Child Support
- Alimony
- Public Assistance
- No other household income

- Self-employment
- Unemployment Benefits
- Worker's Compensation
- Other 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
- Creating a Business Plan
- Help w/ specific issues (i.e Bookkeeping, Marketing)
- One-on-One Consulting
- Business Loan Loan amount