



**REQUEST FOR SERVICE**

Name (first, middle initial & last) \_\_\_\_\_ Phone: \_\_\_\_\_ (daytime)

Mailing Address (include street, city & zip) \_\_\_\_\_

Email Address: \_\_\_\_\_

**WHAT SERVICES WOULD YOU LIKE TO ACCESS?**

I need assistance identifying and developing a business idea

I need assistance with a business plan or financing application

I need assistance with my existing business, (bookkeeping, financial statement analysis, marketing, management, etc.)

I need assistance with a special project (specify): \_\_\_\_\_

Briefly describe your business project. \_\_\_\_\_

Do you have a written business plan (circle one)    No    Yes

Have you sought assistance from another source (circle one)    No    Yes

If yes, please explain: \_\_\_\_\_

**PLEASE TELL US MORE ABOUT YOURSELF:**

<b>Education</b> <input type="checkbox"/> Some High School <input type="checkbox"/> HS graduate or have GED <input type="checkbox"/> Vocational/technical school certificate <input type="checkbox"/> BS/BA degree <input type="checkbox"/> Graduate Work <input type="checkbox"/> Have graduate degree <input type="checkbox"/> Other: _____		<b>Age</b> <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 and over	<b>Ethnic Background</b> (Check all that apply) <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Latino or Puerto Rican <input type="checkbox"/> Other: _____	<b>Veteran Status</b> <input type="checkbox"/> Non-veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Vet <input type="checkbox"/> Desert Shield/Storm <input type="checkbox"/> Iraq War/Recovery
<b>How did you hear about us?</b> <input type="checkbox"/> Internet <input type="checkbox"/> Bank <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> TV/Radio/Newspaper (specify) _____ <input type="checkbox"/> SBA <input type="checkbox"/> Client/Word of Mouth (who) _____ I was referred to you by: _____				
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	<b>Employment Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Years <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Combination employment/own business	<b>Household Income</b> <input type="checkbox"/> \$10,000 or less <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> \$60,001 or more	

(continued on back)



**REQUEST FOR SERVICE**

If you have a business now, (have already made sales), please complete the following:

<b>Business Name</b> _____	<b>Business Phone</b> _____
<b>Business Street Address</b> _____	<b>City, Zip</b> _____
<b>Business Fax</b> _____	<b>Business Email</b> _____
<b>Web Address</b> _____	<b>County</b> _____
<b>Federal ID#</b> _____	
<b>Form of Legal Organization</b> (circle one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP	
_____ Years    _____ Months in business	
<b>Primary Product or Service</b>	
_____	
<b>Do you have a partner or co-owner in the business?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Does your business currently have employees?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If yes, _____ # of full-time (2080 hours/year)</b>	<b>_____ # of part-time (less than 32 hours/week)</b>

Please check the box and initial each of the following statements:

- I request business development services from Leech Lake Financial Services. I agree to cooperate should I be selected to participate in surveys designed to evaluate assistance services. I understand that any information disclosed will be held in strict confidence and reported internally in a general manner.
- I understand that Leech Lake Financial Services staff and/or consultant will outline an individualized business development plan after review of my application and completion of the pre-counseling assessment.
- Further I understand that completing all steps of the program does not necessarily insure my business success. Decisions made concerning business activities and the results of those decisions are my sole responsibility. As a recipient of services provided through Leech Lake Financial Services, I fully understand that Leech Lake Financial Services assumes no liability regarding the success of any business venture activities I may develop and/or implement.
- Inconsideration of statements made above, I agree not to commence any legal action against Leech Lake Financial Services relative to services provided and fully release Leech Lake Financial Services from any and all liability regarding said services.

**Printed Name** \_\_\_\_\_

**Signed**

**Date**

**Sign and return to Leech Lake Financial Services**

*Leech Lake Financial Services is a nonprofit agency. We receive funding from Federal, State, private foundations and individual contributors.*



## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

By signing below, I/we hereby authorize Leech Lake Financial Services, Inc., its agents or assigns, to verify my past and present employment earnings records, past and present employment status, bank accounts, stock holds, and any other asset balances.

I/we further authorize Leech Lake Financial Services, Inc., its agents or assigns, to order a consumer credit report from a reporting company chosen by Leech Lake Financial Services, Inc.

I/we understand that this credit report will be retained on file at Leech Lake Financial Services, Inc., its agents or assigns, obtains is to be used for the purpose of evaluating my/our financial readiness to be granted a loan, and the lending risk associated with Leech Lake Financial Services, Inc.

This information may also be obtained in conjunction with a quality control review of the file after the loan has been closed.

\_\_\_\_\_  
Applicant's printed name (First, Middle, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Co-Applicant's printed name (First, Middle, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Co-Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (if different from applicant's)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Privacy Act Notice:** The information to be obtained will be used by the lender, its agents or assigns, and any federal agency insuring, guaranteeing, or purchasing the Loan to determine whether you qualify as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender or the federal agency without your consent except to the person, or company verifying the information including, but not limited to, your employer, bank, lender, and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us the information but if you do not, your loan application may be delayed or rejected.