

Date form was completed _____

PROGRAM PROFILE

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Name _____ Gender (M or F) _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Social Security Number: _____ DOB ____/____/____

Home Phone:(_____) _____ Cell Phone:(_____) _____

E-mail address _____

Driver's License Number _____ State _____ Expiration Date ____/____/____

Do you own/rent your home/apartment? ____ If own, how many years ____ Current market value _____

EDUCATION

12th grade or lower _____ (Last grade completed) _____ HS Grad/GED _____ Some College _____
2-Year degree _____ 4-Year Degree _____ Masters or Above Degree _____

Are you in the process of completing your GED or High School equivalent? (Y or N) _____

Are you in the process of completing your college Degree? (Y or N) _____ 2-Year _____ 4-Year _____

Are you a 1st or 2nd generation college graduate? (1st or 2nd)

HOUSEHOLD INFORMATION

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

Female Head of Household (Y or N)

Total Household Size: _____ (Identify number per the following categories)

Adults:____ Children:____ Males:____ Females:____ Elementary School Age Children:____ Grade level(s)_____

Annual Household Income: \$ _____ (Proof of household income must be provided)

Do you currently receive public assistance or social service benefits? (Y or N) ____

Describe: _____

Have you been a (welfare/AFDC/TANF) recipient in the past 5 years? (Y or N) ____

If yes, beginning:_____ ending:_____ type:_____

Do you have health insurance? (Y or N) If yes, provided by _____

Last year you filed your personal a personal tax return? (Y or N) ____

PROGRAM PROFILE

EMPLOYMENT INFORMATION

Employed by an Employer?: Yes No (Full Part-time) Employer _____ Yrs _____

Work Phone (_____) _____ ext. _____

Second Job? Yes No (Full Part-time) Employer _____ Yrs _____

Are you Self-employed?: Yes No (Full Part-time) Start Date _____

Your self-employed address:

Address: _____
(Street) (City) (State) (Zip)

Seeking Employment? (Y or N) Area or Field of focus _____

DEMOGRAPHIC INFORMATION

Are you a citizen of the United States? Yes No Veteran? Yes No
Currently Active? Yes No

Are you Disabled? Yes No

If yes, please explain: _____

Ethnicity: Hispanic - Yes / No

Race Category: Black/African American White American Indian/Alaska Native Asian American

Native Hawaiian/Other Pacific Islander Other Multi-Racial

Are you from Cincinnati? Yes No How many years have you lived in Cincinnati? _____

Are either of your parents Entrepreneurs/Small Business owner(s)? Yes No Type _____

Do you have:

Face Book account? Yes No

LinkedIn account? Yes No

Twitter account? Yes No

Instagram account? Yes No

Other Social Media accounts? Yes No What Kind? _____

How often do you use Microsoft Excel?

Once a month? Four times a Month (or more) ? Do not use excel? Never used Excel

How did you hear about GCMi? Friend/Relative Business Event Internet Facebook

Other Social Media (What?) Brochure/flyer Newspaper

CAA AACC Urban League HCDC Other

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BUSINESS OVERVIEW

Specify the Stage of Your Business

Exploratory/Planning Stage: _____

Start-up (New or under 12 months): _____

Existing (Over 13 months): _____

Business Owned by:

Male: _____ Female: _____ Joint: _____

Registered Business: Yes _____ No _____

Business Tax ID #: _____

Business Name: _____ Phone Number: (____) _____

Address: _____
(Street) (City) (State) (Zip)

Home Based Business? Yes _____ No _____ Business Website _____

Business Description: _____

Legal Status: LLC _____ Sole Proprietorship _____ Corp S _____ Corp C _____ Partnership _____ Other _____

Type of Business: Service _____ Retail _____ Wholesale _____ Technology _____ Other _____

If Other, please describe: _____

Date Founded: _____ Number of Employees: FT _____ PT _____ (including yourself)

Are you working FT or PT in this business? FT _____ PT _____ N/A _____ (check one)

How do you currently track your Business Financial information?

QuickBooks _____ Excel _____ Quicken _____ Personal ledger _____ Only when I file my taxes _____

Do you have a(n): Accountant? _____ Tax Preparer? _____ Bookkeeper? _____

How much total gross revenue did your business earn in the past 12 months?: \$ _____

CERTIFICATION STATEMENT

I certify that the information I have provided is true and accurate. All of the information provided on this form can be used by the Greater Cincinnati Microenterprise Initiative (GCMi) for tracking and reporting to GCMi funders and designated partners.

Signature: _____ Date _____