



## NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS:

CITY: \_\_\_\_\_

COUNTY\*: \_\_\_\_\_ TOWNSHIP\*: \_\_\_\_\_ \*Required by Loan Program

PHONE: CELL: EMAIL:

<b><u>Business Ownership</u></b>	<b><u>Location of Business</u></b>	<b><u>Military Status</u></b>	<b><u>Race/Ethnicity</u></b>	<b><u>Other</u></b>
<input type="checkbox"/> Male	<input type="checkbox"/> Home-based	<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> White	<input type="checkbox"/> Single
<input type="checkbox"/> Female	<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Veteran	<input type="checkbox"/> Asian	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Male/Female	<input type="checkbox"/> Internet	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Disability
		<input type="checkbox"/> Disabled Vietnam Era Veteran	<input type="checkbox"/> African American	
		<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Pacific Islander	
			<input type="checkbox"/> Native American	

Size of Family	Income
1	\$11,300-\$30,100
2	\$12,900-\$34,400
3	\$14,500-\$38,700
4	\$16,100-\$42,950
5	\$17,400-\$46,400
6	\$18,700-\$49,850
7	\$20,000-\$53,300
8	\$21,300-\$56,700

[illegible]

I request business management counseling from the Southern Perry Incubation Center for Entrepreneurs. I agree to cooperate should I be selected to participate in surveys designed to evaluate SPICE assistance services. I authorize SPICE to furnish relevant information to the assigned management counselor(s) although I expect information to be held in strict confidence. I further understand that any counselor has agreed not to recommend goods or services from source in which he/she has an interest. In consideration of furnishing management or technical assistance, I waive all claims against SPICE or its personnel or SPICE contracted resource counselor(s) arising from this assistance.

Initials

Initials

Signature: \_\_\_\_\_ Date: \_\_\_\_\_