

**Intake**

All information will be kept confidential

Name (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Do you need an accommodation to complete the application process or to access program services?  Yes  No
2. If yes, what type of assistance do you need? \_\_\_\_\_

**Services Information**

1. What program/service are you interested in? (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Business Financing   | <input type="checkbox"/> Higher Education       | <input type="checkbox"/> Savings Program         |
| <input type="checkbox"/> Credit/Credit Repair | <input type="checkbox"/> Homeownership          | <input type="checkbox"/> Small Business Training |
| <input type="checkbox"/> Financial Education  | <input type="checkbox"/> Job Placement/Training | <input type="checkbox"/> Specialty Workshops     |
| <input type="checkbox"/> Health Insurance     | <input type="checkbox"/> Open Bank Acct.        | <input type="checkbox"/> Tax Preparation         |
| <input type="checkbox"/> Other _____          |   |  |

2. Who referred you to ISED Ventures? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bank                  | <input type="checkbox"/> Local Economic Development Official | <input type="checkbox"/> SBA                       |
| <input type="checkbox"/> Business Owner        | <input type="checkbox"/> Magazine                            | <input type="checkbox"/> Social Worker/Case Worker |
| <input type="checkbox"/> Chamber of Commerce   | <input type="checkbox"/> Newspaper                           | <input type="checkbox"/> Television                |
| <input type="checkbox"/> Educational Institute | <input type="checkbox"/> Other Client                        | <input type="checkbox"/> Word of Mouth             |
| <input type="checkbox"/> Internet              | <input type="checkbox"/> Radio                               |  |
| <input type="checkbox"/> Local Agency _____    | <input type="checkbox"/> School _____                        |  |
| <input type="checkbox"/> Church _____          | <input type="checkbox"/> Other _____                         |  |

**Personal Information**

1. Gender:  Male  Female
2. Social Security Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Marital Status: (check one)  
 Married, Living with Spouse  Separated  Divorced  Widowed  Never Married
5. Spouse Name: (if applicable) \_\_\_\_\_
6. Are you over 65?  Yes  No
7. Are you a US Citizen?  Yes  No **If No**, do you have a work permit?  Yes  No
8. Do you have a Disability?  Yes  No **(If Yes, please explain)** \_\_\_\_\_
9. Ethnicity? (check one)  
 Black or African American  Asian  Multi-Racial: \_\_\_\_\_  
 White  Hispanic/Latino  Other: \_\_\_\_\_  
 American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander
10. Are you a refugee or political asylee?  Yes  No **(if YES, complete section on page 3)**
11. Level of English language competency?  None  Little  Conversational  Proficient
12. What other language(s) do you speak? \_\_\_\_\_
13. Veteran Status:  Veteran  Service Connected Disabled Veteran  Disabled Veteran  Non-Veteran
14. Military Status:  On Active Duty  Reserves/National Guard  Non-Military
15. Have you ever been convicted of a felony?  Yes  No **(If Yes, please explain)** \_\_\_\_\_

**Income Information**

1. How many people are in your household? \_\_\_\_\_
2. What is your monthly gross **household** income? \$ \_\_\_\_\_  
(include income from all sources for *all* people living at the residence)
3. How much of this monthly income is yours? \$ \_\_\_\_\_
4. Income of all **household** members - please list *gross income* (before taxes):

| Source                                   | Monthly Amount | Source                        | Monthly Amount |
|--|----------------|-------------------------------|----------------|
| Wages (formal employment)                | \$ _____       | Veteran's Benefits            | \$ _____       |
| Self-Employment (less business expenses) | \$ _____       | Pensions or Retirement Income | \$ _____       |
| Unemployment                             | \$ _____       | Child Support/Alimony         | \$ _____       |
| Food Stamps                              | \$ _____       | Friends or Family             | \$ _____       |
| FIP/AFDC                                 | \$ _____       | Investment Income             | \$ _____       |
| Social Security (SSI, SSDI)              | \$ _____       | Other (Specify)               | \$ _____       |

5. Are you receiving public assistance (*check all that apply*)
 

|   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> FIP/TANF           | <input type="checkbox"/> Refugee Cash | <input type="checkbox"/> Title 19/Medicaid         | <input type="checkbox"/> Hawk-I                        |
| <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> SSI/SSDI     | <input type="checkbox"/> Housing/Rental Assistance | <input type="checkbox"/> Free/Reduced Lunch Assistance |
| <input type="checkbox"/> Child Care Subsidy | <input type="checkbox"/> Other _____  |  |  |
6. Do you owe back child support to the State of Iowa?  Yes  No
7. Do you currently have/use any of the following?
 

|  |   |   |
|--|---|---|
| <input type="checkbox"/> ATM or Debit Card                       | <input type="checkbox"/> Credit Card        | <input type="checkbox"/> Savings Account      |
| <input type="checkbox"/> Auto Loan                               | <input type="checkbox"/> Direct Deposit     | <input type="checkbox"/> Student loan         |
| <input type="checkbox"/> Check Cashing Service or Pay Day Lender | <input type="checkbox"/> Home Loan          | <input type="checkbox"/> Valid Driver License |
| <input type="checkbox"/> Checking Account                        | <input type="checkbox"/> Personal Loan      |   |
|  | <input type="checkbox"/> Retirement/Pension |   |

**Household Information**

1. Are you a single female head of household?  Yes  No
2. Are you a single parent?  Yes  No
3. Are you the primary income earner in your household?  Yes  No
4. Number of Adults (18 and older) living in Household: \_\_\_\_\_
5. Number of Children (under 18) living in Household: \_\_\_\_\_
6. Place of Residence:
 

|  |  |
|--|--|
| <input type="checkbox"/> Urban or suburban (population of 2,500 or more) | <input type="checkbox"/> Small town or rural (population of less than 2,500) |
|--|--|
7. Housing:
 

|                                    |                                 |                                    |                                |                                      |
|------------------------------------|---------------------------------|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Duplex | <input type="checkbox"/> Townhouse | <input type="checkbox"/> House | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Own       | <input type="checkbox"/> Rent   |                                    |                                |                                      |
8. Do you have Renter's Insurance?  Yes  No
9. Do you have Health Insurance?  Yes  No
  - a. If yes, what kind?  Public (Title XIX)  Private  Employer (Including spouse's employer)
10. Do you own a vehicle?  Yes  No *If YES, Do you have automobile insurance?*  Yes  No
11. Are you a client of any of the following programs? (*check all that apply*)
 

|                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> VA           | <input type="checkbox"/> Voc Rehab/Dept. of Blind      |
| <input type="checkbox"/> PROMISE JOBS | <input type="checkbox"/> Workforce Development         |
| <input type="checkbox"/> DHS          | <input type="checkbox"/> Dept. of Economic Development |
| <input type="checkbox"/> Other: _____ |  |

## Employment and Education

1. **Employment Status** (*check all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> Currently Employed, Full-Time or more (35 hrs or more) | <input type="checkbox"/> Currently Self-Employed, Full-time  |
| <input type="checkbox"/> Currently Employed, Part-Time (less than 35 hrs)       | <input type="checkbox"/> Currently Self-Employed, Part-time  |
| <input type="checkbox"/> Previously Employed, Full-Time or more                 | <input type="checkbox"/> Previously Self-Employed, Full-time |
| <input type="checkbox"/> Previously Employed, Part-Time                         | <input type="checkbox"/> Previously Self-Employed, Part-time |
| <input type="checkbox"/> Currently in school or job training                    | <input type="checkbox"/> Currently Not Employed              |
| <input type="checkbox"/> Currently seeking employment                           |  |

2. **Highest Grade Completed** \_\_\_\_\_

3. **Highest degree received** (*check one*):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None                    | <input type="checkbox"/> GED (General Equivalency Diploma) | <input type="checkbox"/> Technical Post H.S. Certified |
| <input type="checkbox"/> High School Diploma     | <input type="checkbox"/> Four Year College Degree          | <input type="checkbox"/> Masters or above              |
| <input type="checkbox"/> Two Year College Degree |  |  |

## Goal Assessment

1. **Short Term Goals?** (*check all that apply*)

- Obtain a job     Learn a Skill     Stabilize my financial situation     Other \_\_\_\_\_

2. **Long Term Goals?** (*check all that apply*)

- Get off assistance     Buy a home     Self-Sufficiency     Go to School     Open a Business     Expand a Business  
 Other \_\_\_\_\_

3. **Problems/Barriers to goals:** (*Check all that apply*)

- |   |   |                                      |  |  |
|---|---|--------------------------------------|--|--|
| <input type="checkbox"/> Experience               | <input type="checkbox"/> Time management    | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Credit history      | <input type="checkbox"/> Financial burdens |
| <input type="checkbox"/> Education                | <input type="checkbox"/> Family obligations | <input type="checkbox"/> Legal       | <input type="checkbox"/> Business management |  |
| <input type="checkbox"/> Personal (medical/other) | <input type="checkbox"/> Facility           | <input type="checkbox"/> Not focused | <input type="checkbox"/> Other: _____        |  |

## Refugees ONLY

1. **Country of Origin:** (*check one*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Afghanistan    | <input type="checkbox"/> Former Soviet Union | <input type="checkbox"/> Somalia         |
| <input type="checkbox"/> Albania        | <input type="checkbox"/> Haiti               | <input type="checkbox"/> South Africa    |
| <input type="checkbox"/> Armenia        | <input type="checkbox"/> Hmong               | <input type="checkbox"/> Sudan           |
| <input type="checkbox"/> Bosnia         | <input type="checkbox"/> Hungary             | <input type="checkbox"/> Thailand        |
| <input type="checkbox"/> Burma          | <input type="checkbox"/> Iran                | <input type="checkbox"/> Tibet           |
| <input type="checkbox"/> Cambodia       | <input type="checkbox"/> Iraq                | <input type="checkbox"/> Uganda          |
| <input type="checkbox"/> Cuba           | <input type="checkbox"/> Laos                | <input type="checkbox"/> Vietnam         |
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Liberia             | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Eritrea        | <input type="checkbox"/> Poland              | _____                                    |
| <input type="checkbox"/> Ethiopia       | <input type="checkbox"/> Romania             |  |

2. **How long have you been in the United States?** (*check one*)

- Less than 2 years     2 to 5 years     More than 5 years

3. **Date of Entry into U.S.?** \_\_\_\_\_

4. **Have you ever worked in the United States?**     Yes, full-time     Yes, part-time     No

**Contact Information**

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street/Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other Contact Information:** *Please list someone who would definitely know how to contact you, even if you move.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street/Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Employer Contact Information:**

Employer: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant Certification**

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge.

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

*Applicants under age 18 must have the consent of a parent or guardian:*

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in ISED Ventures' Programs.

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

Relationship to Applicant: \_\_\_\_\_

**Office Use Only**

| 2006 HHS Poverty Guidelines |                  |                     |                      |                     |                  |
|-----------------------------|------------------|---------------------|----------------------|---------------------|------------------|
| # in Household              | 100%             | 101% - 150%         | 151% - 175%          | 175% - 200%         | 200% +           |
| 1                           | \$9,800 or less  | \$9,801 - \$14,700  | \$14,701 - \$17,150  | \$17,151 - \$19,600 | \$19,601 or more |
| 2                           | \$13,200 or less | \$13,201 - \$19,800 | \$19,801 - \$23,100  | \$23,101 - \$26,400 | \$26,401 or more |
| 3                           | \$16,600 or less | \$16,601 - \$24,900 | \$24,501 - \$29,050  | \$29,051 - \$33,200 | \$33,201 or more |
| 4                           | \$20,000 or less | \$20,001 - \$30,000 | \$ 30,001 - \$35,000 | \$35,001 - \$40,000 | \$40,001 or more |
| 5                           | \$23,400 or less | \$23,401 - \$35,100 | \$35,101 - \$40,950  | \$40,951 - \$46,800 | \$44,801 or more |
| 6                           | \$26,800 or less | \$26,801 - \$40,200 | \$ 40,201 - \$46,900 | \$46,901 - \$53,600 | \$53,601 or more |
| 7                           | \$30,200 or less | \$30,201 - \$45,300 | \$45,301 - \$52,850  | \$52,851 - \$60,400 | \$60,401 or more |
| 8                           | \$33,600 or less | \$33,601 - \$50,400 | \$ 50,401 - \$58,800 | \$58,801 - \$67,200 | \$67,201 or more |
| each add'l person add       | \$3,400          | \$5,100             | \$5,950              | \$6,800             | \$6,801 or more  |

**2006 CDBG Guidelines**

| # in Household | 30%               | 31 -50%             | 51 - 80%            | 81+              |
|----------------|-------------------|---------------------|---------------------|------------------|
| 1              | \$14,300 or below | \$14,301 - \$23,800 | \$23,801 - \$38,200 | \$38,201 or more |
| 2              | \$16,400 or below | \$16,401 - \$27,200 | \$27,201 - \$43,600 | \$43,600 or more |
| 3              | \$18,400 or below | \$18,401 - \$30,600 | \$30,601 - \$49,100 | \$49,101 or more |
| 4              | \$20,500 or below | \$20,501 - \$34,100 | \$34,101 - \$54,500 | \$54,500 or more |
| 5              | \$22,100 or below | \$22,101 - \$36,800 | \$36,801 - \$58,900 | \$58,901 or more |
| 6              | \$23,700 or below | \$23,701 - \$39,500 | \$39,501 - \$63,200 | \$63,201 or more |
| 7              | \$25,400 or below | \$25,401 - \$42,200 | \$42,201 - \$67,600 | \$67,601 or more |
| 8              | \$27,000 or below | \$27,001 - \$44,900 | \$44,901 - \$72,000 | \$72,001 or more |