



Native American Business Enterprise Center
*A Federally Funded Program by the
 Minority Business Development Agency
 U.S. Department of Commerce*



*Operated by:
 The Eastern Band of Cherokee Indians*



Sequoyah Fund

**CHEROKEE NATIVE AMERICAN BUSINESS DEVELOPMENT ENTERPRISE CENTER
 AND SEQUOYAH FUND**

CUSTOMER INFORMATION FORM

The Cherokee Native American Business Development Enterprise Center and Sequoyah Fund would like to learn how we and others we partner with can best support your business development and financial literacy needs. To assist us in this process, please complete our customer information form.

The information you provide will remain confidential. We will not release your individual information to any other party, individual, or government agency without your prior written consent and approval.

A summary of the collective data about our customers will be used to report to our funding sources and the public about the impact of our services on the people and communities we serve. Information will also be used to help our staff provide better services and to track and evaluate the impact of these services.

GENERAL INFORMATION

Please print your responses.

Date you completed this form: _____ **Social Sec. No.:** _____ - _____ - _____

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Tribal Membership (if applicable): ___ Eastern Band of Cherokee Indian - Enrollment # _____
 ___ Other Tribe (please identify Tribe) _____

Have you ever received services in the past from Sequoyah Fund or Cherokee Native American Business Development Enterprise Center? ___ Yes ___ No

If yes, what year did you receive services? _____

What is the highest level of education you've completed?

- ___ Primary School ___ Some High School, not completed ___ Graduated College (4 year)
 ___ High School Diploma or GED ___ Some College, not completed ___ Attended Graduate School

EMERGENCY CONTACT INFORMATION

Who is a relative or friend who would know how to contact you, even if you move?

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

HOUSEHOLD INFORMATION

“Household” includes: 1.) your financial dependents—for example, your dependent children, 2.) anyone you depend on financially—for example, your parents, or 3.) anyone you are financially interdependent with—for example, your spouse or partner. Your “household” may or may not be the same as the people you live with.

How many adults (18 yrs and older) currently live in your household? _____

How many children (under 18 yrs) currently live in your household? _____

What is your marital status? ___ Single ___ Married ___ Divorce ___ Separated

INCOME INFORMATION

Do you have a checking account? ___ Yes ___ No **Do you have a savings account?** ___ Yes ___ No

What is your typical gross (before taxes) monthly household income (all household members)? \$ _____

What is your gross (before taxes) annual household income (all household members)? \$ _____

Which of the following sources provide income for members of your household?

- ___ Employed by Private Corporation ___ Casino Per-Capita Payments
- ___ Employed by Government Agency ___ Employed by Tribal Enterprise (*Casino, Other*)
- ___ Self-Employed ___ Pensions or Retirement
- ___ Child Support or Alimony ___ Government Assistance (*TANF, Food Stamps, SSI, Social Security, Voc. Rehab, Unemployment, Veterans’ Benefits*)

EMPLOYMENT INFORMATION

What is your personal primary employment status (*choose one*)?

- ___ Employed full-time (*for yourself or others*) ___ Employed part-time (*for yourself or others*)
- ___ Employed more than full-time (*overtime or more than one job, for yourself or others*)
- ___ Unemployed, currently seeking employment ___ Working, plus attending school or job training
- ___ Homemaker, not seeking employment ___ Laid off, waiting to be called back
- ___ Disabled, not seeking employment ___ Retired, not seeking employment

Current Employer: _____ **Your Job Title:** _____

Employer Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

How long have you worked for this employer? _____

NEED FOR BUSINESS DEVELOPMENT AND FINANCIAL LITERACY SERVICES

Are you interested in improving your money management skills? Yes No

If yes, what types of areas would you like assistance with?

- Budgeting Getting Credit Credit Counseling Reducing Debt
 Banking Improving Credit Saving Money Understanding Your Credit Report
 Other (please describe): _____

Are you interested in starting a new business? Yes No

If yes, do you already have a business idea you're considering? Yes No

Have you ever owned a business before? Yes No

Do you currently own a business? Yes No

If yes, what is the name of your business? _____

When was your business established? _____

What is your Federal ID Number? _____

What is the business structure? Sole Proprietorship Partnership Corporation
 Joint Venture Limited Liability Company (LLC)
 Other _____

What type of business is it? Retail Wholesale Service
 Manufacturing Franchise Other _____

What products or services do you provide? _____

Where is your business located? _____

How many employees do you have? _____

What were your gross sales last year? \$ _____

What were your net sales last year? \$ _____

What certifications do you have? TERO SBA Other _____

Which of these areas would like assistance with to start or expand a business?

- Business Loan Do a Business Plan Starting a New Business Business Coaching
 Website Design Marketing Planning Inventory Management Customer Service
 Advertising Time Management Financial Management Tax Assistance
 8(a) Certification GSA Contractor Other _____
(govt. services administration)

GENDER, ETHNICITY, AND RACE INFORMATION

The following information is requested by the federal government in order to monitor compliance with federal laws prohibiting discrimination against applicants or recipients on the basis of ethnicity, race and gender. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish the information, Sequoyah Fund and the Cherokee Native American Business Development Enterprise Center are required to note the ethnicity, race, and gender of individual applications on the basis of visual observation or surname.

I do not wish to furnish gender, ethnicity, and race information. Your Initials: _____

I will furnish the information: *(Please complete section below)*

Gender: Female Male

Ethnicity: Hispanic Non Hispanic

Race: Native American Caucasian African American

Pacific Islander Asian Other *(please specify)* _____

For Office Use Only: Gender, ethnicity, and race information above was provided by:

Applicant Sequoyah Fund Business Development Enterprise Center Staff

ADDITIONAL INFORMATION REQUIRED FOR LOAN APPLICANTS

A credit report and additional documents are required from all loan applicants. If you anticipate that one of the services you may request is a business loan, be prepared to provide the Cherokee Native American Business Development Enterprise Center and Sequoyah Fund with the documents identified below. Not all documents may apply to your situation.

- ➔ Business plan
- ➔ Reference letter
- ➔ Applicable licenses
- ➔ Copy of business license
- ➔ Federal tax return (most recent calendar year)
- ➔ Leases, agreements, contracts for business
- ➔ Copy of Eastern Band of Cherokee Indians Tribal enrollment card
- ➔ Site plan review certification if new construction

CUSTOMER CERTIFICATION AND APPROVAL FOR CREDIT REPORT

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. My signature also gives the Cherokee Native American Business Development Enterprise Center and Sequoyah Fund my permission pull my credit report.

Signature: _____ Date: ____ / ____ / ____

For Office Use Only

Date Customer Intake Form Received: ____ / ____ / ____ Intake Form Reviewed By: _____

Date Customer Met with Staff ____ / ____ / ____ Staff Who Met with Customer _____

Customer Start Date: ____ / ____ / ____ Date Paper File Established ____ / ____ / ____ Date Data Entered in TEA ____ / ____ / ____

MBDA ID No: _____ NAICS/SIC Code _____