

Lane MicroBusiness/eDev INTAKE FORM

Application Date						
CONTACT INFORMATION						
Last Name		First		Middle	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Mailing Address		City		State	ZIP Code	County
Home Phone No.		Cell Phone No.		Email Address		
Alternative Contact Name and Phone					Relationship to you	
Referred to LMB by:						
PERSONAL INFORMATION						
Ethnicity	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
	<input type="checkbox"/> Asian	<input type="checkbox"/> White				
Disability	<input type="checkbox"/> None	<input type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Blind/Visually Impaired	
	<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Speech Impaired				
Highest Education Level Completed	<input type="checkbox"/> High school	<input type="checkbox"/> BA/BS	<input type="checkbox"/> PhD	<input type="checkbox"/> Currently enrolled (specify):		
	<input type="checkbox"/> AA	<input type="checkbox"/> Masters	<input type="checkbox"/> Other (specify):			
Date Completed:						
FAMILY INFORMATION						
Are you currently receiving public assistance (food stamps, housing assistance, etc.)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving TANF?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total No. of People in Family (do not include renters):						
Last Year's Annual Gross Income:				How much money did you save last year?		
HHS Income Guidelines: <i>Please circle family size only.</i>						
Family Size	100% of Poverty (Low)		150% of Poverty (Medium)		200% of Poverty	
1	10,400		15,600		20,800	
2	14,000		21,000		28,000	
3	17,600		26,400		35,200	
4	21,200		31,800		42,400	
5	24,800		37,200		49,600	
6	28,400		42,600		56,800	
7	32,000		48,000		64,000	
HUD Moderate Income Guidelines - 80% of Poverty: <i>Please circle family size and county.</i>						
Family Size	Baker/Harney	Benton	Lane	Linn	Yamhill	Wallowa
1	27,050	38,150	31,100	29,900	38,000	31,100
2	30,900	43,600	35,500	34,150	43,450	35,500
3	34,800	49,050	39,950	38,450	48,900	39,950
4	38,650	54,500	44,400	42,700	54,300	44,400
5	41,750	58,850	47,950	46,100	58,650	47,950
6	44,850	63,200	51,500	49,550	63,000	51,500
7	47,950	67,600	55,050	52,950	67,350	55,050

EMPLOYMENT INFORMATION	
Employment Status (FT \geq35 hours per week)	<input type="checkbox"/> FT Self Employed <input type="checkbox"/> FT Employed <input type="checkbox"/> PT Self Employed <input type="checkbox"/> PT Employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Annual wage at job:	
INSURANCE INFORMATION	
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, source of health insurance	<input type="checkbox"/> Business <input type="checkbox"/> Spouse's employer <input type="checkbox"/> Private <input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> State – no cost <input type="checkbox"/> Medicare <input type="checkbox"/> Other (please specify)
Other family member insurance: <input type="checkbox"/> All members insured <input type="checkbox"/> Some members insured <input type="checkbox"/> No members insured	
BUSINESS INFORMATION	
Business Status	
<input type="checkbox"/> Pre-business (no current business) <input type="checkbox"/> Start-up (under 12 months) Have you made sales? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Business started:	<input type="checkbox"/> Purchasing a business <input type="checkbox"/> Existing (over 12 months) Have you made sales? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Business started:
If applicable, is your business: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal	
Please describe your business: _____ If possible, provide NAICS code: _____	
What is your business name? _____	
Do you have paid employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, total number of employees in last 12 months (FT \geq 35 hours/week): _____ FT _____ PT _____ Seasonal	
Last year's gross sales: \$ _____	Last year, did you withdraw money from your business for personal expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount withdrawn: _____
LMB periodically collects follow-up information from its clients to learn more about the economic, business, and employment experiences of its clients. I agree, as an active client, to provide certain information to LMB on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will be shared in a trustworthy manner.	
Client signature _____	Date _____

LCC safeguards the privacy of your personal information in accordance with federal FERPA guidelines. By completing this form, your attendance at this event will be transcribed by LCC.