

Operation Bootstrap Application Form

Code _____

CONTACT INFORMATION

Today's Date _____ Name: First _____ Middle Initial _____ Last _____

Address _____

City of Residence _____ State _____ ZIP Code _____ County _____

Home Phone Number _____ Cell phone number _____ Email address _____

Work Phone Number _____ Can you receive calls at work? Yes No

AGGREGATE DATA

Date of Birth _____

Are you a veteran? Yes No

Do you have a disability? Yes No

Gender Male Female

Ethnic Background:

- African-American
- Asian
- Hispanic/Latino
- Native American
- White
- Other (please specify)

Do you:

- Own your own home
- Live with a relative
- Live with a friend
- Rent
- Homeless
- Other (please specify)

Are you a single parent?

- Yes
- No

Do you file taxes as head of household?

- Yes
- No

How many people live in your household?

(include yourself)

Are you:

- Married, SP (Spouse Present)
- Married, SNP (Spouse Not Present)
- Divorced
- Never Married
- Unmarried living with partner
- Widowed

What is your highest level of education?

- Less than High School
- High School/GED
- Vocational
- Some college
- College AA/AS
- College BA/BS
- Graduate Degree
- Other (please specify)

AGGREGATE DATA, Continued

Code _____

Does your household include:
(check all that apply)

- Your Mother
- Your Father
- Your Dependent Children
- Brothers/Sisters
- Other Adult Relative
- Other Children
- Spouse/Cohabiter
- Other Adult

Describe your present employment status:

- Full Time (more than 35 hours/week)
- Part Time
- Full time Self Employed
- Part Time Self Employed
- Seasonal Employment
- Unemployed less than 6 months
- Unemployed more than 6 months
- Unemployed more than 2 years

Have you been employed in the past two years?

- Yes
- No

Name of Employer: _____ Job Title: _____

Wage at job: \$ _____/Hour or \$ _____/Year

Your Personal Last Year's Annual Gross Income _____

Your Household Annual Gross Income _____

How much did you save last year? _____

Have you received vocational training in the past five years? Yes No

Was the vocational training related to your business idea? Yes No

Have you used that training (at any job)? Yes No

Have you ever received public assistance as an adult? Yes No

Please list all benefits you **currently** receive:

- Food Stamps TANF
- Energy Assistance SSI
- Housing Assistance SSDI
- Other (Please specify on line to the left)

Do you have health insurance? Yes No

Describe what kind of health insurance you have:

- Public/Medical Card
- Employer
- Spouse's Employer
- Private Pay

Describe your family's health insurance coverage:

- All family members insured
- Some family members insured
- No family members insured

Do you have a home mortgage? Yes No

Approximate balance on mortgage: \$ _____

How much total debt do you have other than a mortgage?

- None \$500 - \$999 \$2,000 to \$5,000
- Less than \$500 \$1,000 - \$1,999 More than \$5,000

Please describe the type of debt(credit cards, car loan, student loan, etc.):

Have you ever declared bankruptcy? Yes No
 Have you ever been convicted of a crime? Yes No

Do you have any loans that are past due? Yes No
 Can you provide proof of income for last year?
 (example: tax return, pay stubs, etc.) Yes No

Have you ever operated a business? Yes No
 If currently operating a business, have you made sales? Yes No

If so, how much in sales in 2008? \$ _____

What type of business? _____

Did your parents or guardians operate a business? Yes No

If so, what type? _____

Have you ever done any of the following things? (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Applied for a loan | <input type="checkbox"/> Raised money for a group or organization |
| <input type="checkbox"/> Sold products or services | <input type="checkbox"/> Filled out your tax return |
| <input type="checkbox"/> Given an oral presentation | <input type="checkbox"/> Managed a business that wasn't yours |
| <input type="checkbox"/> Written a report | <input type="checkbox"/> Kept financial records for a business |
| <input type="checkbox"/> Paid bills online | <input type="checkbox"/> Shopped online |

Do you own a computer? Yes No

Do you have access to high speed Internet? Yes No

How did you hear about Operation Bootstrap? Radio Friend
 Newspaper Word of Mouth

Other _____

Consent and Release of Information

I hereby certify that the information in the Application is true. If selected to participate in the First Step Fund program, I authorize the ongoing sharing of information between programs I am involved in that may be co-sponsoring the class or myself, including my progress, attendance, and/or termination. I certify that the information regarding my income is true.

Signature _____

Date _____

