



Business Intake Application

Watts Entrepreneur Business Accelerator (WEBA) at Macedonia CDC



Please note that demographic information is collected for the purpose of documenting services provided under the auspices of WEBA and is used to provide relevant resources (i.e. minority/women-owned funding opportunities, etc.). All information will be kept confidential.

1. Personal Information (all clients must complete this section)

Name: _____ Date of Birth: _____

Title: <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner <input type="checkbox"/> Partner <input type="checkbox"/> Representative <input type="checkbox"/> Start-up	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran	Referred by: <input type="checkbox"/> Other Client <input type="checkbox"/> Internet <input type="checkbox"/> Bank <input type="checkbox"/> Flyer <input type="checkbox"/> Other
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				

Home Address: _____

Home City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Highest education level: _____

Are you in need of assistance, if yes, please check the specific areas needed:

- Access to Capital/ Loan Packaging
- Business Course/ Workshop
- Business Plan
- List other: _____
- Marketing
- Employee Hiring
- Downsizing
- Counseling
- Procurement

2. Entrepreneur Status

Proposed business name: _____

Type of business (product or service): _____

Proposed start date: _____ Business Partner: _____

Planned business location: Home Based Office/ Store Front Online Mobile Other

Do you have previous experience owning or managing a business? No Yes (If yes, how many years?) _____

3. Certification of Family Income - We will need Income Verification i.e. 1st page of prior year tax return or other.

1. I am currently: In Business Employed Unemployed Receiving Unemployment Disability/ Social Security

2. Currently my family is receiving \$ _____ (Annually)

3. Please check the size of your household:

Household Size	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Family Income	\$46,500	\$53,150	\$59,800	\$66,400	\$71,750	\$77,050	\$82,350	\$87,650

4. The current yearly income for my household is less than or equal to the income level shown above: Yes No

4. Agreement

I certify that all my answers above are true and correct to the best of my knowledge. I also agree that by accepting to receive assistance from WEBA I will cooperate and provide the WEBA staff with all requested information and documents to verify the outcomes reported.

Applicant Signature: _____ Date: _____