

# COUNSELING INFORMATION FORM



**Purchase Area Development District**  
 1002 Medical Drive  
 Mayfield, KY 42006  
 Phone: 270-247-7171  
 Email: BizLoans@PurchaseADD.org

## Part A - Client Request for Counseling

<b>I. CLIENT CONTACT INFORMATION</b>		
First Name:		
Last Name:		
E-Mail Address:		
Social Security Number:	Phone Number (Primary):	
Date of Birth:	Phone Number (Secondary):	
Street Address / P.O. Box:		
City:	State:	Zip Code:
<b>II. WHAT IS THE NATURE OF COUNSELING YOU ARE SEEKING? (You can choose more than one category.)</b>		
<input type="checkbox"/> Start-Up Assistance (How do I start a small business?)	<input type="checkbox"/> Marketing / Sales (promotion, market research, etc.)	
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Government Contracting / Certifications	
<input type="checkbox"/> Financing / Capital (i.e. loan application, building equity)	<input type="checkbox"/> Franchising / Buy / Sell a business	
<input type="checkbox"/> Managing a business	<input type="checkbox"/> Technology / Computers	
<input type="checkbox"/> Human Resources / Managing employees	<input type="checkbox"/> eCommerce (using the Internet to do business)	
<input type="checkbox"/> Customer relations	<input type="checkbox"/> Legal issues	
<input type="checkbox"/> Business Accounting / Budget	<input type="checkbox"/> International Trade	
<input type="checkbox"/> Cash-Flow Management	<input type="checkbox"/> Energy Efficiency / Renewable Energy (Workshop)	
<input type="checkbox"/> Tax planning	<input type="checkbox"/> Other	
Please describe specific assistance requested and/or loan amount: _____		Loan Request: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Loan Amount: \$ _____
<b>III. WHAT INSPIRED YOU TO CONTACT US? (Mark all that apply)</b>		
<input type="checkbox"/> Bank	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Internet
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Other client	<input type="checkbox"/> Chamber of Commerce
<input type="checkbox"/> Television / Radio	<input type="checkbox"/> Magazine / Newspaper	<input type="checkbox"/> Government Agency
		<input type="checkbox"/> Local Econ. Dev. Official
		<input type="checkbox"/> Word of Mouth
		<input type="checkbox"/> Other
If "other", please specify: _____		
<b>IV.</b>		
I request business counseling service from the Purchase Area Development District (PADD) or a PADD Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate PADD services. I permit PADD or its agent the use of my name and address for PADD surveys and information mailings regarding PADD products and services. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I understand that any information disclosed will be held in strict confidence. (PADD will not provide your personal information to commercial entities). I authorize PADD to furnish relevant information to the assigned business counselors or resource partners.		
In consideration of the counselor(s) furnishing business and technical assistance, I waive all claims against PADD personnel, and that of its Resource Partners and host organizations, arising from the assistance.		

## Part B - Client Intake (to be completed by all clients)

<b>I. CLIENT BACKGROUND</b>		
<b>Race</b>	<b>Ethnicity</b>	<b>Citizenship</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic Origin	<input type="checkbox"/> US-citizen by Birth
<input type="checkbox"/> Black or African American	<input type="checkbox"/> No Hispanic Origin	<input type="checkbox"/> Naturalized US-Citizen
<input type="checkbox"/> Native American or Alaska Native	<b>Gender</b>	<input type="checkbox"/> Legal Resident
<input type="checkbox"/> White Hawaiian or other Pacific Islander	<input type="checkbox"/> Male	Alien Registration Number: _____
<input type="checkbox"/> White	<input type="checkbox"/> Female	Country of Origin: _____
<b>Veteran Status</b>	<b>Military Status</b>	<b>Disability Status</b>
<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> On Active Duty	<input type="checkbox"/> Disabled
<input type="checkbox"/> Veteran	<input type="checkbox"/> Reserve	<input type="checkbox"/> Not disabled
<input type="checkbox"/> Service-Disabled Veteran	<input type="checkbox"/> National Guard	Note: _____

<b>II.</b>	<b>EDUCATIONAL BACKGROUND</b>		
	High school finished: <input type="checkbox"/> Yes <input type="checkbox"/> No	... if "No", GED earned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School Graduation Date:	GED Completion Date:	
	Name of school:		
	City:		State / Country:
	<b>HIGHER EDUCATION DEGREES</b>	<b>Year:</b>	<b>Degree in:</b>
	Community College: <input type="checkbox"/> Yes <input type="checkbox"/> No		
University (Bachelor): <input type="checkbox"/> Yes <input type="checkbox"/> No			
University (Master): <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>III.</b>	<b>EMPLOYMENT STATUS (If you are self employed and/or own a business, please fill out "Part C - Business Information" as well.)</b>		
	Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own the business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of Employer:		

**Part C - Business Information (only for client who own a business and/or are self employed)**

<b>I.</b>	<b>BUSINESS CONTACT INFORMATION</b>		
	Name of Business:		
	E-Mail Address:		
	Phone Number (Primary):		
	Phone Number (Secondary):		
	FAX Number:		
	Street Address / P.O. Box:		
	City:	State:	Zip Code:
<b>II.</b>	<b>BUSINESS SETUP</b>		
	Month and Year business started:	Is this a home base business: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you conduct business online: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Full-Time Employees:	
	Ownership: % Male % Female	Number of Part-Time Employees:	
<b>III.</b>	<b>TYPE OF BUSINESS (Please choose only the primary category)</b>		
	<input type="checkbox"/> Mining	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Transportation & Warehousing
	<input type="checkbox"/> Utilities	<input type="checkbox"/> Public Administration (PA)	<input type="checkbox"/> Prof., Scientific & Technical Services
	<input type="checkbox"/> Information	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Management (Companies & Enterprises)
	<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting
	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Administrative & Support
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Waste Management & Remediation Serv.
	<input type="checkbox"/> Finance & Insurances	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Other Services (except PA)

**Part D – Authorizations (only applicable if loan request – A.II)**

<b>I.</b>	<b>AUTHORIZATION TO RELEASE INFORMATION</b>
	The client authorizes the PADD to access and review information regarding his/her financial history, background, and character. S/He understands the information will be used for verification of the credit application for small business financial assistance. S/He have been properly notified that the PADD will verify all statements through recognized credit reporting agencies and/or other sources contained in the application. In addition, s/he does authorize PADD to access his/her credit reports, background and character references for future servicing action or loan activity as may be deemed necessary and appropriate. By signing below, s/he also authorizes PADD to discuss his/her past credit history, background and character with anyone that may be necessary in providing assistance for the purpose of evaluating a loan proposal. S/He also acknowledges that if s/he defaults on the loan to PADD, this information will be given to credit reporting agencies.
<b>II.</b>	<b>CREDIT REPORT FEE</b>
	In order for the PADD to evaluate the "pre-application", each applicant must send with this form a check or money order in the amount of \$20.00 payable to "Purchase Area Development District" to cover costs in obtaining a credit report and any other miscellaneous expenses. <b>(Note: Spousal/Joint (husband/wife) is considered to be one applicant.)</b>

\_\_\_\_\_  
Date Client Signature