

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

I. CLIENT CONTACT INFORMATION			
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:	
II. WHAT IS THE NATURE OF COUNSELING YOU ARE SEEKING? (You can choose more than one category.)			
<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		
<input type="checkbox"/> Managing a business	<input type="checkbox"/> Buy / Sell a business		
<input type="checkbox"/> Human Resources / Managing employees	<input type="checkbox"/> Technology / Computers		
<input type="checkbox"/> Customer relations	<input type="checkbox"/> eCommerce (using the Internet to do business)		
<input type="checkbox"/> Business Accounting / Budget	<input type="checkbox"/> Legal issues		
<input type="checkbox"/> Cash-Flow Management	<input type="checkbox"/> International Trade		
<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: \$ _____	
III. WHAT INSPIRED YOU TO CONTACT US? (Mark all that apply)			
<input type="checkbox"/> Bank	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Internet	<input type="checkbox"/> Local Econ. Dev. Official
<input type="checkbox"/> Business Owner	<input type="checkbox"/> Other client	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Television / Radio	<input type="checkbox"/> Magazine / Newspaper	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Other
If "other", please specify: _____			
IV.			
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)

I. CLIENT BACKGROUND		
Race	Ethnicity	Citizenship
<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	Gender	<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: _____
Veteran Status	Military Status	Disability Status
<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> On Active Duty	<input type="checkbox"/> Disables
<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: _____

II.	EDUCATIONAL BACKGROUND		
	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:
	HIGHER EDUCATION DEGREES	Year:	Degree in:
	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			
III.	EMPLOYMENT STATUS (If you are self employed and/or own a business, please fill out "Part C - Business Information" as well.)		
	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)

I.	BUSINESS CONTACT INFORMATION		
	Name of Business:		
	E-Mail Address:		
	Phone Number (Primary):		
	Phone Number (Secondary):		
	FAX Number:		
	Street Address / P.O. Box:		
	City:	State:	Zip Code:
II.	BUSINESS SETUP		
	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:	
III.	TYPE OF BUSINESS (Please choose only the primary category)		
	<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)

I.	AUTHORIZATION TO RELEASE INFORMATION
	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.
II.	CREDIT REPORT FEE
	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. (Note: Spousal/Joint (husband/wife) is considered to be one applicant.)

Date Client Signature