

American Indian Economic Development Fund Training Application

The AIEDF does not discriminate in providing training to individuals on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance. The information collected on this application is considered public data for the purpose of Minnesota Statutes Chapter 13. Individuals may refuse to provide any of the information requested. We appreciate taking the time to complete the form.

APPLICANT INFORMATION:

Social Security Number _____ Day Phone _____
First Name _____ Evening Phone _____
Last Name _____ E-Mail _____
Address _____ Sex (M) _____ (F) _____
City _____ State _____ Zip _____
Age: under 20 _____ 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60+ _____

PARTNER OR CO-APPLICANT INFORMATION:

Social Security Number _____ Day Phone _____
First Name _____ Evening Phone _____
Last Name _____ E-Mail _____
Address _____ Sex (M) _____ (F) _____
City _____ State _____ Zip _____
Age: under 20 _____ 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60+ _____

AMERICAN INDIAN TRACKING INFORMATION

1. Are you a member of an American Indian tribe? (Yes) _____ (NO) _____
2. If yes, enrolled at _____
3. How did you learn about this program? _____

1. Please reflect your educational background (*i.e.*, High School, GED, Technical School, etc.)

APPLICANT _____ **PARTNER** _____

2. What is your **PRIMARY** source of **HOUSEHOLD** income? (Check only one)

APPLICANT

Self-employed (*full-time*) _____ Self-employed (*part-time*) _____ Spouse/Partner Income _____
Full-time Job _____ Part-time Job _____ Savings/Investments _____
Alimony/Child Support _____ Public Assistance _____ Unemployment _____
Social Security _____ Disability _____ Other _____

PARTNER

Self-employed (*full-time*) _____ Self-employed (*part-time*) _____ Spouse/Partner Income _____
Full-time Job _____ Part-time Job _____ Savings/Investments _____
Alimony/Child Support _____ Public Assistance _____ Unemployment _____
Social Security _____ Disability _____ Other _____

3. Do you receive welfare benefits? Yes _____ No _____

4. Have you ever received business training?

- a. Yes _____ I started this program previously, but did not finish.
- b. Yes _____ From another organization (*please provide the name*): _____
- c. No _____

5. Do you have any experience managing or operating the type of business in which you are interested?

Yes _____ No _____

If yes, please describe: _____

6. What type of job do you have now? _____

7. Will you continue to work at this job after starting your business?

Yes _____ No _____

If yes, do you plan to work? Full-time _____ Part-time _____

TELL US ABOUT YOUR BUSINESS

Please answer the following questions as completely as you can. If you have not opened your business yet, please complete questions 8-15 and then go to the income verification form. If your business is already open, please complete questions A-G then go to the income verification form.

8. Is your business already operating?

Yes _____ Full-time (35 hours/week or more) _____
Part-time (less than 35 hours/week) _____

No _____

9. Name of business (official or unofficial): _____

10. Please describe your business or business idea:

11. Why do you want to start or expand your own business?

12. Do you expect your business to provide:

Primary Income _____ Supplemental Income _____

13. How much money do you have to put into your business? \$ _____

14. How much money do you think you would need to borrow to start your business?
\$ _____

15. If you DO NOT currently operate your own business:

a. Where do you plan to locate your business? _____

b. Do you need help in finding a location? Yes _____ No _____

The following questions are for applicants who currently operate their own businesses. If your business is not yet open, continue to the next page.

16. What type of business do you operate?

Service to individuals _____ Service to businesses _____ Retail/trade _____
Wholesale _____ Manufacturing _____

17. How long has your business been in operation?

Less than 6 months ____ 6 months – 1 year ____ 1-3 years ____ more than 3 years ____

Month/Year first sale/service/manufacture was made: _____

18. How many employees does your business have? Full-time _____ Part-time _____

19. How many hours do you work at your business each week? _____

20. Do you take an owner's draw (salary)? Yes ____ No ____ Amount per year \$ _____

21. Do you have a written business plan? Yes ____ No ____

How did you find out about this program?

22. INCOME VERIFICATION for Class Reduced Tuition Rate (Applicant)

a. Applicant Household Size # Adults _____ # Children _____

b. Annual Household income \$ _____ per year

This information given on this application is correct and true to the best of my knowledge. I understand that AIEDF may verify the income information by reviewing W2 forms or tax returns. I hereby authorize AIEDF to verify the above information.

Applicant's Signature: _____ Date: _____

23. INCOME VERIFICATION for Class Reduced Tuition Rate (Partner):

a. Applicant Household Size # Adults _____ # Children _____

b. Annual Household Income \$ _____ per year

This information given on this application is correct and true to the best of my knowledge. I understand that AIEDF may verify the income information by reviewing W2 forms or tax returns. I hereby authorize AIEDF to verify the above information.

Partner's Signature: _____ Date: _____

**PLEASE RETURN THE ENTIRE, COMPLETED APPLICATION TO THE AIEDF OFFICE
MIIGWETCH**

AIEDF is proud to be in partnership with Neighborhood Development Center