



831.722.1224 • fax: 831.722.3128
info@elpajarocdc.org
23 East Beach Street #209, Watsonville, CA 95076
www.elpajarocdc.org

Monday, September 12, 2016

Dear Prospective Participant,

Thank you for your interest in participating in El Pájaro Community Development Corporation's Business Education and Loan Program beginning Tuesday, September 20, 2016. Our goal is to foster entrepreneurship and promote equal access to economic opportunity. Please take some time to go through the packet that includes information on the course and important application documents. **Review the materials and return all forms completed by Friday September 16, 2016.**

You will also be required to pay the course fee of a minimum \$50 to a maximum \$250; you may apply for a scholarship of up to 80% of the cost of the course. Scholarships are granted based your on household income and number of dependents. If you wish to apply for a scholarship, please fill out and return the included form for your county of residence and provide us with proof of your income. **The fee must be paid by the first class session. If you cannot pay in full by that date, payment arrangements must be made before the first class session starts.**

To complete the enrollment process please fill out the program application package and return completed forms to El Pajaro CDC 23 E. Beach St., Ste. 209 Watsonville, CA 95076 by the deadline of **Friday September 9, 2015**. If you need help filling out the application, call or come by our offices and one of our staff will assist you in the process. You may send the completed forms by mail, email, fax or drop them at our office. Please feel free to contact us at (831) 722-1224 if you have any questions.

Best Regards,



Amy Mascareñas
Outreach and Business Development Specialist

promoting equal access to economic opportunity

For office use only:

Intake Contact:
Action needed:

In Business _____
Client Type _____
Funding _____
Consultant _____

Request for Services

CUSTOMER INFORMATION FORM

Welcome to El Pajaro Community Development Corporation. We would like to understand how we can best serve your needs.

- The personal and financial information you provide on this form will be used to assess and support your progress and services while you are a customer of El Pajaro Community Development Corporation.
- All information is voluntary, confidential, and helps us continue to receive support from various sources.

If you have questions about items on this form, or are not sure if questions apply to you, a member of our staff can address your questions when you meet in person. Thank You!

General Information

Today's Date: _____

Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)
Home Address	Mailing Address
Phone Number:	Cell Phone Number:
Work/Other Phone Number:	
Email:	
What is the best way to reach you? <input type="checkbox"/> Mail <input type="checkbox"/> Cell phone <input type="checkbox"/> Home phone <input type="checkbox"/> Work/Other phone <input type="checkbox"/> Email	

1. What goals do you hope to achieve with the help of our program? (mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Write a business plan | <input type="checkbox"/> Marketing/ advertising plan |
| <input type="checkbox"/> Apply for bank or agriculture loan | <input type="checkbox"/> Prevent closure of business |
| <input type="checkbox"/> Start a small business | <input type="checkbox"/> Improve record/bookkeeping |
| <input type="checkbox"/> Formalize an informal business or hobby | <input type="checkbox"/> Computerize business |
| <input type="checkbox"/> Expand existing business | <input type="checkbox"/> Other (please explain below) |

2. Are you applying to participate in any of the following?

- The Plaza Vigil Retail Incubator The Commercial Kitchen Incubator
- The Business Education and Loan Program

3. How did you hear about our program? Please select the two primary ways you heard:

- | | |
|---|---|
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Referred by city |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Bank or lender |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Office visit |
| <input type="checkbox"/> Referred by agency | <input type="checkbox"/> Other _____ |

Please give us the specific names of agency or people you were referred by or the locations you heard (person, radio station, etc.):

3. Would you like to be on the El Pájaro CDC mailing list (email and/or other mailings)?

- Yes No

4. Gender: Female Male Transgender

5. Are you disabled? Yes No

6. What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

7. What is your race? (Please select one or more. Answer required for funders.)

- | | |
|--|--|
| <input type="checkbox"/> American Indian (North, South or Central) / Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> White | |

Please select one of the above.

Additional race(s) or ethnicities—if mixed race, please add race(s) from list above:

8. How many people currently share income and expenses in your household (including children)?

“Household” includes anyone you share income and expenses with: 1) your financial dependents—for example, your dependent children, 2) anyone you depend on financially—for example, your parents, or 3) anyone you are financially interdependent with—for example, your spouse or partner or family members. Your “household” may or may not be the same as the people you live with.

Total Number of Adults	
+	
Total Number of Children Under 18	
= Total Household Size	

9. What is your personal and household's (people who share income & expenses) CURRENT total ANNUAL INCOME?

What was your <i>personal</i> income last month?	\$	
What was your <i>household</i> income last month?	\$	
Use this chart to help calculate your income		
LAST MONTH	Your Income	Income from Other Adults
Salary from a job(s)	\$	\$
Self-employment income	\$	\$
Child support	\$	\$
Unemployment Benefits	\$	\$
Worker's Compensation	\$	\$
Public Assistance	\$	\$
Other Income _____	\$	\$
Total Income Last Month	\$	\$
What was your <i>personal</i> income <i>last year</i> ? (month x12)	\$	
What was your <i>household</i> income last year? (month x12)		+
Total Yearly Household Income =	\$	

10. Are you the head of household/ main wage earner? Yes No

11 a. Is English your second language? Yes No **If the answer is No, Please skip to question 12*

11b. What is your native language? _____

11c. What is your level of literacy in English? No English skills

Basic (speak and understand) Intermediate (speak and read)

Advanced (speak, read and write)

12. Do you consider yourself an immigrant to the U.S.? Yes No

If yes: # years in U.S. _____ Country of origin _____

13. What is the highest level of education you have completed?

- I have never attended school
- Elementary school
- Middle school
- High school
- Two year degree (AA or professional certification)
- Four year degree (BS or BA)
- Post-graduate degree

14. Do you currently work for yourself and/or own a business? Yes No *Skip to Question 15

14a. If YES, do you work at your business:

Full time (> (more than 35 hours/week) Part time Seasonal

14b. If YES, what was the date your business was established or purchased ___/___/___

14c. What is the name of your business? _____

14d. Business phone number _____

14e. What is your business address?

14f. Number of employees Full-time _____ Part-time _____ Seasonal _____

15. Please describe your product or service or those you wish to provide and work to start or expand with EPCDC: _____

16. Have you owned your own business in the past? Yes No

If yes please describe _____

17. Do you have work experience related to the business you own or plan to own? Yes No

18. Have you or other members of you household worked or work now as a farm or field worker?

Yes No

Please give us the names of two people we can contact in an emergency or to leave a message for you:

Name: _____	Name: _____
Relationship to you: _____	Relationship to you: _____
Phone Number 1: (____) _____	Phone Number 1: (____) _____
Phone # 2. (____) _____	Phone # 2. (____) _____

This institution is an equal opportunity provider and employer

Signature: _____ Date: _____

I certify that the information provided in this form is accurate and complete. I further acknowledge that I understand the information provided in this form is accurate and complete. I further acknowledge that I understand the information is subject to future verification by El Pájaro Community Development Corporation, the City, and/or HUD and I understand that misrepresentation of this information will subject me to federal perjury laws.





Promoting equal access to economic opportunity
Transforming people's lives through entrepreneurship

23 East Beach Street Ste 209 Watsonville, CA www.elpajarocdc.org

I _____ (print subject's name) do hereby give El Pajaro Community Development Corporation the right to use my name, picture or photograph in all forms and in all medias and in all manners without any restrictions, and I waive any right to inspect or approve the photograph(s) or finished version(s) incorporating the photograph(s) including written copy that may be created and appear in connection therewith. I agree that El Pajaro Community Development Corporation owns the copyright in these photographs and I hereby waive any claims I may have based on any usage of the photographs or works there from, including but not limited to claims for either invasion of privacy or libel.

I am of (please mark one) full age a minor and competent to sign this release/ my parent or legal guardian agrees to the terms of this release (signature below). I agree that this release shall be binding on me, my legal representatives, heirs and assigns. I have read and am fully familiar with its contents.

Signature _____ Date _____

El Pajaro Community Development Corporation
23 E. Beach Street Ste 209 Watsonville, CA
www.elpajarocdc.org
831-722-1224

Name _____

Date _____



SANTA CRUZ COUNTY
RESIDENTS
Request for fee reduction

Size of family living in home/Annual family earnings Santa Cruz County

Please mark the amount closest but not exceeding your yearly household income

Applicant has maximum annual income of	Applicant +1 family member has maximum annual income of	Applicant +2 family members has maximum annual income of	Applicant +3 family members has maximum annual income of	Applicant +4 family members has maximum annual income of	Applicant +5 family members has maximum annual income of	Applicant +6 family members has maximum annual income of	Applicant +7 family members has maximum annual income of	Discount %	Reduced tuition
\$55,250 <input type="checkbox"/>	\$63,150 <input type="checkbox"/>	\$71,050 <input type="checkbox"/>	\$78,900 <input type="checkbox"/>	\$85,250 <input type="checkbox"/>	\$91,550 <input type="checkbox"/>	\$97,850 <input type="checkbox"/>	\$104,150 <input type="checkbox"/>	80%	\$50
\$61,350 <input type="checkbox"/>	\$69,000 <input type="checkbox"/>	\$76,650 <input type="checkbox"/>	\$82,800 <input type="checkbox"/>	\$88,950 <input type="checkbox"/>	\$95,050 <input type="checkbox"/>	\$101,200 <input type="checkbox"/>	\$120,150 <input type="checkbox"/>	60%	\$100

Income Limit areas are based on FY 2016 Fair Market Rent (FMR) areas.

Please provide one of the following documents as proof of income:

<input type="checkbox"/> <u>2015 -Federal tax return</u>	<input type="checkbox"/> <u>2015- W2 form</u>
<input type="checkbox"/> <u>Pay-stub from most recent paycheck</u>	<input type="checkbox"/> Other _____

Name _____

Date _____



MONTEREY COUNTY
RESIDENTS
Request for fee reduction

Size of family living in home/Annual family earnings Monterey County

Please mark the amount closest but not exceeding your yearly household income

Applicant has maximum annual income of	Applicant +1 family member has maximum annual income of	Applicant +2 family members has maximum annual income of	Applicant +3 family members has maximum annual income of	Applicant +4 family members has maximum annual income of	Applicant +5 family members has maximum annual income of	Applicant +6 family members has maximum annual income of	Applicant +7 family members has maximum annual income of	Discount %	Reduced tuition to be paid
\$40,600 <input type="checkbox"/>	\$46,400 <input type="checkbox"/>	\$52,000 <input type="checkbox"/>	\$58,000 <input type="checkbox"/>	\$62,650 <input type="checkbox"/>	\$67,300 <input type="checkbox"/>	\$71,950 <input type="checkbox"/>	\$76,600 <input type="checkbox"/>	80%	\$50
\$61,350 <input type="checkbox"/>	\$69,000 <input type="checkbox"/>	\$76,650 <input type="checkbox"/>	\$82,800 <input type="checkbox"/>	\$88,950 <input type="checkbox"/>	\$95,050 <input type="checkbox"/>	\$101,200 <input type="checkbox"/>	\$120,150 <input type="checkbox"/>	60%	\$100

Income Limit areas are based on FY 2016 Fair Market Rent (FMR) areas.

Please provide one of the following documents as proof of income:

<input type="checkbox"/> <u>2015 -Federal tax return</u>	<input type="checkbox"/> <u>2015- W2 form</u>
<input type="checkbox"/> <u>Pay-stub from most recent paycheck</u>	<input type="checkbox"/> Other _____