



APPLICATION FOR MICROENTERPRISE INSTITUTE

CONTACT INFORMATION ****Please fill out this form completely and legibly!****

GRANT FUNDING IS USED TO SUPPORT THIS PROJECT AND ALLOW US TO OFFER THE COURSE AT A VERY LOW COST. THE INFORMATION REQUESTED BELOW IS REQUIRED BY OUR FUNDERS AND WILL NOT AFFECT YOUR ELIGIBILITY FOR THE PROGRAM. ALL INFORMATION IS KEPT CONFIDENTIAL AND IS ONLY REPORTED IN THE AGGREGATE; YOUR NAME IS NOT DISCLOSED.

Last Name: _____ First Name: _____

Preferred Name for name badge: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone (best number to reach you): _____ Date of Birth: _____

Email: _____ Gender: Male _____ Female _____

Are you a Veteran? _____ Yes _____ No Married: _____ Yes _____ No

Do you have a disability? _____ Yes _____ No

If yes, do you require accommodations to participate? _____

Race/Ethnicity (please select ALL that apply):

- | | |
|--|---|
| _____ Black/African American | _____ Native Hawaiian/Other Pacific Islander |
| _____ Asian | _____ American Indian/Alaskan Native and White |
| _____ White | _____ Black African American and White |
| _____ Native-American/
_____ Alaskan Native | _____ Native-American/ Alaskan Native
_____ and Black African American |
| _____ Other | _____ Multi-Racial |

Do you identify yourself as Hispanic? _____ Yes _____ No

Number of people that live in your household (INCLUDING yourself): _____

SPECIFY: _____ Spouse/Partner _____ Parent(s)
_____ Dependent Children (total) _____ Sibling(s) (total)
_____ Other Adults (total) _____ Other Household members (total)

Your highest level of education:

_____ Less than High School _____ High School/GED
_____ Vocational _____ Some College
_____ College AA/AS _____ College BA/BS/Graduate

Please describe your present employment status:

_____ Full Time (more than 35 hours per week) _____ Part Time
_____ Self Employed Full Time/Part Time _____ Seasonal Employee
_____ Unemployed (LESS THAN 6 MONTHS) _____ Unemployed (MORE THAN 6 MONTHS)
_____ Retired _____ Other

If female, did you file taxes as head of household last year? _____ Yes _____ No

For which class location are you applying? _____

How did you hear about our program? _____

Do you have any loans that are past due? _____ Yes _____ No

How much money were you able to save last year? \$ _____

Business Information:

1. Describe in detail the type of business do you want to start/have started:

2. How much "Hands On" experience and knowledge do you have in this industry? Please be Specific:

3. What are your biggest challenges/ concerns re starting a business?

4. What skills are needed to operate this kind of business and do you possess them already?

5. Please explain below in detail:

Who else supplies the product/service? _____

How will you differentiate your product/service from other suppliers?

What are the estimated start-up costs? _____

How will you finance your business? _____

6. Have you ever had any legal problems that would affect your ability to be in business (please explain)?

7. What are your expectations of Goodwill's MicroEnterprise Program?

CONSENT AND RELEASE OF INFORMATION

I hereby certify that the information in the Application is true. If selected to participate in the Goodwill MicroEnterprise Institute, I authorize the ongoing sharing of information between programs I am involved in that may be co-sponsoring the class or myself, including my progress, attendance, and/or termination. By checking the box below and typing my name I verify that I completed this application on line.

☐

Signature

Date

Emergency Contact information

Name _____ Number _____

CITY OF CAPE CORAL
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SELF CERTIFICATION

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Program/Agency: _____

Client Name (PLEASE PRINT) ☐ Male ☐ Female **AGE** _____

Street Address **City** **Zip**
Code

- 1. Status** (Check all that apply): ☐ 62 years or older ☐ Disabled
- 2. Head of Household:** Are you the head of the household? ☐ Yes ☐ No
- 3. If you are not the head of the household, is the head of the household female?** ☐ Yes ☐ No

4. Household Size and Total Annual Household Income (Effective 4/1/26):

A. Circle the total number of people in your household in the first column.

B. On the line corresponding to your household size, check the income range that includes your household's annual income include court ordered child support whether received or not.

A. Household Size

B. Total Household Income

	Extremely Low Income 30% AMI	Low Income 50% AMI	Moderate Income 80% AMI
1	☐ \$23,600 or less	☐ \$23,601 - \$39,300	☐ \$39,301 - \$62,950
2	☐ \$27,000 or less	☐ \$27,001 - \$44,950	☐ \$44,951 - \$71,900
3	☐ \$30,350 or less	☐ \$30,351 - \$50,500	☐ \$50,501 - \$80,950
4	☐ \$33,700 or less	☐ \$33,701 - \$56,200	☐ \$56,201 - \$89,900
5	☐ \$38,680 or less	☐ \$38,681 - \$60,700	☐ \$60,701 - \$97,100
6	☐ \$44,360 or less	☐ \$44,361 - \$65,200	☐ \$65,201 - \$104,300
7	☐ \$50,040 or less	☐ \$50,041 - \$69,700	☐ \$69,701 - \$111,500
8	☐ \$55,720 or less	☐ \$55,721 - \$74,200	☐ \$74,201 - \$118,700

☐ Check here if your income does not fall into any of the income ranges corresponding with your household size.

5. Do you receive income from any of the following sources?

- ☐ Welfare to Work ☐ Temporary Assistance to Needy Families (TANF)
☐ Social Security ☐ Food Stamps
☐ Other: _____

Client Name: _____

6. Race (Must Check ONLY one)

- | | | |
|--|---|---|
| ☐ American Indian/Alaskan Native | ☐ Asian | ☐ White |
| ☐ Native Hawaiian/Pacific Islander | ☐ Asian & White | ☐ Black/African American |
| ☐ American Indian/Alaskan Native & White | ☐ Black/African American & White | |
| ☐ American Indian/Alaskan Native & Black/African American | ☐ Other Multi-Racial | |

7. Ethnicity (Must Check ONE)

- ☐ Hispanic ☐ Non-Hispanic

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS Income listed above includes the income (including income from assets) of all adults within the household. I certify, if applicable, that income also includes COURT AWARDED CHILD SUPPORT AND ALIMONY. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

Warning:

Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misinterpretations of any material fact in the use of or obtaining the use of federal funds.

According to Title 18, Section 1001 of the U.S. Code if you knowingly and willingly make fraudulent statements or misinterpretations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

Signature

Date

FOR AGENCY USE ONLY:

CLIENT MEETS THE FOLLING CDBG INCOME LIMITS ESTABLISHED AT THE TIME OF APPROVAL.

- ☐ EXTREMELY LOW INCOME ☐ LOW INCOME ☐ MODERATE INCOME

STAFF/VOLUNTEER PRINTED NAME

SIGNATURE

DATE