



# INTAKE FORM

## Client Information

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

\_\_\_\_\_ Celullar Phone # \_\_\_\_\_

City

Fax Number \_\_\_\_\_

State

Zip Code

Email Address: \_\_\_\_\_ Business Website: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Race:

Hispanic  African American

Date of Birth: \_\_\_\_\_

Asian  American Indian/Alaskan Native

Gender: Female  Male  Veteran:

White  Native/Hawaiian/Pacific Islander

Social Security Number:

U.S. Citizen

Driver's Licence #

Resident  Card # \_\_\_\_\_

Work Permit

## Service Requested

Technical Assistance  Mortgage Loan

Incubator/Office Space  Business Loan

Bid Matching  Resource Room

## Entrepreneur Training Program

Start-Up Course: English or Spanish

Existing Business Course

Other: \_\_\_\_\_

## Business Information

Business Name: \_\_\_\_\_

Date Established: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Business Phone # : \_\_\_\_\_

## Business Ownership

Sole Proprietorship

Partnership

Corporation

## Type of Business

Services  Manufacturing

Retail  Financial

Wholesale  Other: \_\_\_\_\_

Construction



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## Business Information (cont.)

### Number of Employees

Full-Time:

Annual Sales:

Part-Time:

Annual Salary:

Principal Guarantor: \_\_\_\_\_

Percentage of Business Owned: \_\_\_\_\_

## Disclaimer

The undersigned, referred to as Client, requests business counseling and/or consulting services provided by CHARO Community Development Corporation. Consultation is provided at no cost to the client. The information, counseling, loan packaging assistance by consultant/counselors are not intended as representation or any warranty either expressed or implied that any advice, assistance, or service will result in profit or any result for client.

The client understands and accepts that CHARO will utilize all information provided as required data for reporting to government and private funders of all CHARO programs/services.

Clients will have no cause for action against CHARO Community Development Corporation or any of its divisions, or employees based on any advice, recommendation, service, or assistance provided to Client. In the event that any third party, employees, or agent of Client should bring legal action against CHARO Community Development Corporation, Client agrees to indemnify and hold CHARO Community Development Corporation and any of its divisions or employees harmless, including the payment of any attorney fees and costs that may be incurred in making or defending any claim or action.

I certify that the information above is true to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Internal Use

LOAN  PRIME  MICROLOAN  WC  GROWTH

City Council

District: \_\_\_\_\_

Assembly

District: \_\_\_\_\_

Senate

District: \_\_\_\_\_

Congressional

District: \_\_\_\_\_

Empowerment

Zone: \_\_\_\_\_

Enterprise

Zone: \_\_\_\_\_

LA County

Supervisor: \_\_\_\_\_

Census

Track: \_\_\_\_\_

SIC Code: \_\_\_\_\_

BDO: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_