**Start-up**

**Information Packet**

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**P.O. Box 1020, Red Lake, MN 56671**

[www.4directionsdevelopment.com](http://www.4directionsdevelopment.com)

**Physical Location: Adaawe-wigamig Business Center, Suite 102, 23744 Highway 1 East, Red Lake, MN 56671**

**4-Directions Development**

**(A non-profit entity serving the Red Lake Nation)**

**Purpose**

To create an environment that will successfully attract, develop, and support entrepreneurial, social, and community development by providing education, technical assistance, financing, and facilities.

**Goals**

1. To incorporate the development of a strong private sector into the Red Lake Nation’s strategic plans for a strong economic base.

2. To provide Red Lake Band members with applicable tools and resources necessary to achieve a successful and financially viable business, thus providing them the opportunity for personal self-sufficiency and a higher quality of life.

3. To establish an effective Native CDFI with a self-sustaining revolving loan fund.

**Eligibility**

* Currently enrolled with the Red Lake Nation
* 21 years of age or older
* Business is a for-profit entity (start-up, acquisition or expansion)
* Red Lake enrollee having 60% or more ownership of the business
* Red Lake enrollee actively managing the business
* Business is located on or near the Red Lake Reservation

**Services Provided**

* ***Technical Assistance***: in the areas of Business Plan Development, Financial Management, Marketing, and Business Management
* ***Education***: Outlined on the Education Opportunities page
* ***Networking***: we seek to provide networking opportunities, such as meetings, trainings, quarterly newsletter, and sales events.
* ***Business Library***: We provide shared access to Equipment (computer, printer, fax, copier, phone) and Information (internet, books, periodicals, resource providers, finance sources, procurement info).
* ***Commercial Space***: With limited commercial space in the community, we continue to seek funding to construct or renovation commercial facilities on the Red Lake Reservation.
* ***Financing***:
  + Red Lake Entrepreneur Loan
  + Interest rate will range from 4% to 6% depending on the business and fluctuates based on economic conditions and available loan funds.
  + Term of the loan is based on life of collateral and capability of the business.
    - Any industry type is eligible, with an added focus on the Arts and Agriculture.
    - This is a gap loan, with priority on leveraging these dollars with other financing sources. Typically matched with the State Indian Business Loan.
  + State Indian Business Loan
  + Interest rate will range from 2% to 10%.
  + Term of the loan cannot exceed 10 years, or 20 years for real estate loans.
    - Cannot exceed 75% of total project, with owner providing 5-10%.
    - Businesses must be 100% owned by an enrolled member and located on the Reservation or anywhere in Minnesota.
  + Micro Loans
    - We provide a “step” loan to help entrepreneurs with various needs, such as credit repair, establish inventory for an artist, or do a test run for a farmer.
  + Loans start at $500 and increase to $5,000; with a maximum term of 2 years.

Your Path to Business Ownership

Step 1. Complete:

* Enrollment Verification Sheet
* Credit Report Sheet
* Personal Budget
* Your Resume

Step 2. Write a short summary about your business idea: type, location, products and services, your background, and any other ideas or information you have for your business so far.

Step 3. Stop in or call our Receptionist to schedule time to discuss your business idea with us. We will also provide more information about our services and loan requirements, and how to move forward with your business endeavor. Bring the information listed in Steps 1 and 2 to this meeting.

After your initial meeting, we assist and guide you through the remaining steps:

Step 4. Complete an Individual Training Plan (ITP) based on your personal needs

Step 5. Complete any needed business training (simultaneously while business planning)

Step 6. Complete a feasibility study to determine the potential profitability of your business

Step 7. Complete your business plan

Step 8. Complete the finance packaging and application(s) to apply for needed financing

**Don’t let this information overwhelm you. The program process is broken down into small steps to tackle. We are here to guide you through a process that has been designed to provide you with as many opportunities for success as possible.**

The following items are provided in this information packet.

* Organizational Information
* Education Opportunities
* Business Plan Outline
* Enrollment Verification Form
* Credit Report Request
* Resume Template (if you don’t have one)
* Personal Budget
* Personal Financial Statement (completed after plan is done)

**We look forward to being your guide and coach on your path to business ownership.**

**Training Opportunities**

***Great entrepreneurs continually seek knowledge!***

4-Directions Development focuses very heavily on the necessary training and education for your successfully planning, development, and operation of your business.

Each potential entrepreneur will establish an Individual Training Plan (ITP) with your business coach, to address your specific needs.

Training Methods available will include:

* Business & Management Training (required for financing)
  + 9-week NDN Entrepreneur Class (Natives Developing Natives)
  + 7 session online class (those with schedules that don’t match our regular class hours)
  + Or a 2-day Business Boot Camp (this is a faster pace if you have existing experience)
* One-On-One Coaching
* Periodically Scheduled Workshops focusing on specific need areas:
  + Tax Requirements and Management
  + Credit Repair
  + Time Management
  + Customer Service
  + Accounting
  + Marketing
  + Artists Professional Development
  + Marketing for Artists
  + Grants for Artists
  + Farmer Training (3-Semesters)
  + Traditional Food Trainings (Seasonal)
  + Other Training Topics as the need or opportunity arises
* Quarterly Program Newsletter with educational information
* Access to SCORE (Counselor’s to America’s Small Business)
* Networking Sessions with other Native American business owners & resources
* A future opportunity will be the establishment of a Youth Entrepreneurial Program

***We look forward to providing the necessary information and knowledge for you to use in your pursuit to become a profitable business owner.***

**Business Plan Outline**

**Business Name**

Business Location/ Address

Applicant Name

Address

Telephone Number

SS#:

DOB:

Date

This document contains confidential and proprietary information belonging exclusively to \_\_\_\_\_\_\_\_\_\_\_\_\_\_. No copying or distribution without the explicit approval of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.



Developed with the assistance of:

Name, Title

4-Directions Development

Telephone Numbers

Email address

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**Executive Summary**

Do this section last (includes the total project costs page)

  This will summarize your whole business plan.

No more than 4 pages

  It should sizzle and be short and to the point.

  Your opportunity to show why you will be successful.

It should summarize:

* Who you are
* What your business is/does
* Your location
* Your market & competition
* Your background/experience/strengths
* Your numbers

**Total Project Costs**

Again, these are suggestions; if any of these items do not apply to your business, don’t use them.

Provide a detailed breakdown of each category total on the following page.

**Uses**

Land 0,000

Building 0,000

Construction 0,000

Renovations 0,000

Equipment 0,000

Start-up Costs 0,000

Working capital 0,000

Total Project Cost 0,000

**Sources**

Owner Equity 00,000

Loan 00,000

Other Sources 00,000

Total Sources 000,000

**Proposed Terms of Financing**

Loan \_\_\_% interest rate \_\_\_ years Collateral Provided & Position

Loan \_\_\_% interest rate \_\_\_ years Collateral Provided & Position

The above entails my loan request. I offer the above stated terms and collateral for my loan. There are no other lien holders (if other lien holders list them with details).

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

Signature Date

**Market Analysis**

**Industry Trends**

* National statistics and trends for this type of business
* Barriers to entry
* Uniqueness
* Seasonal or holiday effects
* What is happening that could damage or help the business, any new developments
* Impacts of economic conditions & how you will address them for example: if interest rates go up, if economy is sluggish what is your safety net for the business.
* COVID impact and your operating procedures for
* Keys to success in this industry

**Total Market**

* Describe the type of customers who buy this type of product or service
  + Age, gender, location, income level, ethnic background, education, hobbies, skills, marital status, # of kids, buying habits, special interests, handicaps, spare time activities, vacation activities, job/position, pets, car, eating habits, own or rent, market preferences, opinions, trends, etc.
    - Local regional-national-international
    - Does your product/service meet a real need or a perceived need
    - How will they recognize yours from others (unique, brand, etc.)
    - Repeat business or one time purchaser
    - Quality, style, fad, staple
* Growth potential
* Anticipated profit & return on investment/sales trends per customer

**Targeted Market**

* What is your targeted geographical coverage area
* How much of the total market is located in your targeted coverage area
* What Tribal Markets do you want to pursue
* What non-tribal markets do you want to pursue
* What percentage will you capture in your coverage area
* Who are the customers you want to focus on (be specific – do not say all or everyone)

**Competition**

* Name & address of those who provide what you provide (major vs. minor)
* Substitutes or indirect competition
* What are their advantages & weaknesses
* Will any of them be a head to head competitor
* Price differences
* Marketing differences
* Any new entries into the market
* Will you be taking someone’s market share, % of market for each of you
* How will they react to you, plan of competitiveness, fight back
* Reasons why customers will come to you instead of your competition

**Suppliers**

* Who are they
* Where are they located
* What do they supply
* Terms of purchase (cash/credit terms)

**Marketing Plan**

Tips:

* 1. Success in this area requires commitment, continuity, creativity, and consistency.
  2. Do things different/unique to attract your customers to buy from your business; but keep an eye out for something that is successful for someone else and see if it will work for your business.
  3. Be **realistic** in your goals, be **specific** with strategies and **comprehensive** in analysis of your industry and competition.

**Mission Statement:** focus on one purpose, for example:

Why are you in business?

What do you want your business to provide or accomplish?

Where do you want to be in 3-5 years?

**Goals:**

2-4 Marketing goals for your first 12 months

For Example:

To capture 10,000 visitors per month within 6 months.

To reach gross sales of $30,000 per month by the 6-month of operation.

**Positioning**

How do you want to be perceived in your customer’s mind–what image you want to create?

Use 2-3 descriptive words; for example, friendly, fast, environmentally safe, etc.

**Strategies:**

**Products/Services**

* describe what your business provides
* describe the benefits - what does it do for the user or what problems do you provide a solution to/why it is useful?
* describe any differences between yourself and your competition: uniqueness, superiority, quality, distinct advantage you have
* product liability, durability, life cycle
* are there any product/service substitutes – what do people buy instead of this?
* gap filling, is it - new product, only product of its kind, etc.
* customer service options: return policies, delivery, warranty, guarantee, etc.
* any patents/copyrights/legal considerations
* if manufacturing your product
  + Production strategy & research & development strategy
  + Materials: supply source, production method, alternatives

**Pricing**

* how you established your pricing – what does it cover – how does the industry do it
* compare yourself from competition (high, low, leader, cheap)
* customer payment terms you will use (cash, check, credit card, credit)

**Place**

* describe where you are (or will be) located and your space capacity
* advantages and disadvantages of your location to attract customers
* accessibility to your market(s) & labor supply
* distribution plans (if you customer doesn’t come to you)
* differentiate yourself from competition

**Marketing Plan (continued)**

**Promotion**

* do things different/unique
* how are you going to attain & keep your visibility
* how important is your visibility
* selling techniques needed to do your promotional plans
* list anything you will do to persuade someone to buy from you with frequency & cost
  + Sales Skills
  + Public Relations
  + Personal Charisma
  + Customer Service
  + Signage
  + Thank You Notes
  + Contests - Special Events
  + Advertising
    - Newspaper
    - Fliers
    - Radio or TV
    - Yellow Pages
    - Direct Mail
  + Newsletters
  + Business Cards
  + Website
  + Social Media (which ones and focus on only 1-3 to make it manageable)
  + Community Activities
  + Networking
    - Trade Shows
    - Join Associations, Chamber of Commerce, etc.
  + Positioning
    - contacts w/media press releases
    - follow up
    - speaking engagements
    - self-published information
    - send articles on you to customers
    - letters to the editor

**Management Plan**

**Organizational Structure**

* Legal Form of business
  + sole-proprietor
  + partnership (type)
  + corporation (type)
* Organizational Chart

**Staffing Plan**

* Owner’s role, hours and pay
* What employees are needed?
* Can you incorporate family or friends to decrease your payroll expense?
* Employee hours, pay, and duties?
* How will you attract them to work for you?
* How will you motivate them to continue working for you?
* How will you administer & account for them?
* Any training, incentives, or benefits plan?

**Internal Controls**

* Employee Policies
* Purchasing & Inventory Controls
* Cash Controls
* Regulatory Guidelines & Requirements (employees, business, industry)

**Job Descriptions** (we can assist you in developing job descriptions for your staff)

* Show the ability & track record of key people & owners with resumes
* Hire or access people who compliment you (areas where you're weak get someone who is strong in that area)
* Having an advisory board is always helpful (no more than 7, with credentials & experience in the industry you are going into, adds credibil­ity & better business sense with potential referrals from them)

A Typical list of Owner/Manager Duties & Responsibilities: (add/delete as dictated by type of business)

1. Personnel Management: hire/fire, train, schedule, supervise, monitor, periodical evaluations.
2. Inventory Control.
3. Quality Control.
4. Advertising/Promotional planning, design & implementation.
5. Daily record keeping, deposits and payroll.
6. Monthly and quarterly financial records.
7. Monitor actual financial compared to projected financial and make adjustments if needed.
8. Monitor operations for efficiency and effective use of time and resources.
9. Monitor the market for any changes or new developments that may en­hance/effect business.
10. Monitor the price levels in the area to remain competitive in my price setting.
11. Develop & update personnel policies, operations manual and capital expenditures plan.
12. Establish and maintain open communication and good relations with staff and suppliers.
13. Monitor compliance of legal requirements/regulations.
14. Update yearly goals and objectives.
15. Any additional duties that will arise during the daily operation of the busi­ness.

**Resumes** of Key Personnel & Advisors

* Qualifications/Experience in this industry
* If any weaknesses, how do you plan to improve them?
* Other business affiliations and resources

**Key Operating Functions**

Management

* Who will be the active manager of the business?
* How many hours per week will that manager devote to management of the business?
* What duties will the manager perform?
* What skills and experience does that manager have?
* If no skills exist, who will he/she obtain the knowledge & skills from?

Accounting

* Who will do your bookkeeping and accounting, and how often?
* If you are going to do the accounting – outline your plan/schedule to make sure this gets done daily, weekly, and monthly.
* How much will this cost you? (we have a no-cost accountant available for your 1st year)
* What reports need to be done, and when?
* What type of accounting & inventory control system will be used?
* What will your tax requirements, filing and payments consist of?

Banking

* What Bank will you use for:
  + Business Checking & Business Savings Account
  + Personal Checking & Personal Savings Account
* Who will be the Authorized Signature(s)?
* How much will it cost you to set up these business accounts at the bank?

Insurance

* What type of insurance coverage is needed for your type of business? Investigate this with your insurance agent to ensure you have the appropriate coverage for your protection.
* At the bare minimum we recommend:
  + Liability Insurance
  + Asset Coverage & Replacement Insurance
  + Workmen’s Comp Insurance (if you have employees)
  + Life Insurance (on yourself for the amount of your debt)
* How much will your insurance cost (must have a written quote)?
* How much down to establish the policy, and what are your monthly payments thereafter?

**Facilities Plan**

* building or space needs / size
* If land, how many acres, rough layout drawing of the buildings, storage, parking, etc.
* Rough drawing of equipment layout within the building/space
* Your maximum capacity with planned space and equipment

**Future Plans** (set long and short-term objectives with timelines/deadlines)

* Business Set Up: initial activities, business registration, purchases, hiring, marketing
* Asset Management: installation, preventative maintenance, replacement plan
* Anticipated expansion, growth, or improvements
* Contingency or Exit Plan

**Personal Financial Status**

Without knowing what you need to live on and where the funds are coming from, you are unable to determine if going into this business is right for you or not. You want this business to maintain your living needs and eventually improve your quality of life, not decrease it.

Being aware of where you are financially will help you determine the level of financing you will need to pursue for your business plans.

You can address this by completing the attached forms:

* Personal Budget (needed initially to determine your need)
* Credit Report Request (needed initially to see where you are at now)
* Personal Financial Statement (done last after your business plan is completed)

**Projection Assumptions**

(Explain in writing how you arrived at the numbers used in your financial projections.)

**Sales/Income:**

**Cost of Goods Sold:**

**Expenses: (these are examples; each business will be different so take out or add what is needed)**

Marketing

Payroll

Payroll taxes

Property Taxes

Depreciation

Interest

Insurance

Licenses/Permits

Repairs/Maintenance

Utilities

Telephone

Cleaning Supplies

Office Supplies

Refuse Removal

Professional Fees

Misc

Financial Projection Tips:

* be realistic - check industry standards
* be accurate with numbers
* have assumptions & define or document them with written quotes
* use a best and worst case scenario
* be conservative: worst case scenario of low sales and high expenses

Provide:

3 Year Projected Balance Sheet (we can help with these)

3 Years Monthly Income Statement & Cash Flow (we can help with these)

If have or are purchasing an existing business, also provide:

3 Years Historical Financials & Tax Returns (or life of operation, if less than 3 years)

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**4-Directions Development**

**Enrollment Verification Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_, authorize the release of the necessary information to confirm my enrollment with the Red Lake Nation, for use by 4-Directions Development.

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

****The Red Lake Nation Enrollment Office hereby certifies the above named individual is an enrolled member of the Red Lake Band of Chippewa Indians, Enrollment #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is twenty one (21) years of age or older; making him/her eligible for 4-Directions Development services.

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4-Directions Development**

**Credit Report Request**

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or race. The federal agency, which administers compliance with this law, is the Federal Trade Commission.

**Applicant**

Full Name: Mr. Mrs. Miss Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_

Spouses Full Name: Mr. Mrs. Miss Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouses Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address**

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

**Former Address**

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read this request and certify that the above statements are true and complete to the best of my knowledge. I hereby authorize 4-Directions Development, and their agents, authority to check my credit references, verify my employment and provide credit information arising from this transaction to

others who are legally entitled to receive it.

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

Applicant’s Signature Date

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

Spouse’s Signature Date

**Personal Budget**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Income Sources** | Per Mon |  |  |  | **Total Income** |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | **Total Expenses** |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | **Min. Owner Pay** |  |  |  |
| **Total Income** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Monthly Expenses** | Payment | Due | Fee |  |  | Payment | Due | Fee |
| Rent/Mortgage |  |  |  |  | Going Out/Eat Out |  |  |  |
| Taxes (property) |  |  |  |  | Entertainment |  |  |  |
| Electricity |  |  |  |  | Powwows |  |  |  |
| Heat |  |  |  |  | Vacation/Travel |  |  |  |
| Water/Sewer |  |  |  |  | Sports Events |  |  |  |
| Garbage |  |  |  |  | Children's Activities |  |  |  |
| Telephone |  |  |  |  | Books/Music |  |  |  |
| Internet |  |  |  |  | Hobbies |  |  |  |
| TV |  |  |  |  | Movies/Rental |  |  |  |
| Cleaning Supplies |  |  |  |  | Gift Giving |  |  |  |
| Maintenance |  |  |  |  | Checking Account |  |  |  |
| Other Home Exp |  |  |  |  | Bank Fees |  |  |  |
| Groceries |  |  |  |  | Other Fees |  |  |  |
| Eating Out |  |  |  |  | Child Care |  |  |  |
| Feasts/Holiday Food |  |  |  |  | Child Support |  |  |  |
| Car Payment |  |  |  |  | Charity |  |  |  |
| Car Insurance |  |  |  |  | Education |  |  |  |
| Gas |  |  |  |  | Dues/Subscriptions |  |  |  |
| Auto Maint/Repairs |  |  |  |  | Pets |  |  |  |
| Parking |  |  |  |  | Allowances |  |  |  |
| Other Auto Needs |  |  |  |  | Cigarettes |  |  |  |
| Medical |  |  |  |  | Other Misc Exp |  |  |  |
| Dental |  |  |  |  | Savings Account |  |  |  |
| Optical |  |  |  |  | Investment |  |  |  |
| Other Medical Exp |  |  |  |  | IRA/Pension Plan |  |  |  |
| Clothes/Shoes |  |  |  |  | Other Savings |  |  |  |
| Work Apparel |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Laundry/Dry Clean |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Haircuts/Hair Care |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Nails/Cosmetics |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Toiletries |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other Personal Exp |  |  |  |  | **Total Expenses** |  |  |  |

**Personal Financial Statement**

**As of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Each Owner must complete a Personal Financial Statement for him/herself and their spouse.

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Applicant Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Describe each item in the specified sections and answer with a “NONE” if it does not apply.

**Assets** **Liabilities**

Cash On Hand & In Bank \_\_\_\_\_\_\_\_\_\_\_\_ Accounts Payable (Section 2) \_\_\_\_\_\_\_\_\_\_\_

Savings Account(s) \_\_\_\_\_\_\_\_\_\_\_\_ Notes Payable (Section 2) \_\_\_\_\_\_\_\_\_\_\_

U.S. Government Bonds \_\_\_\_\_\_\_\_\_\_\_\_ Auto Loan(s) (Section 2) \_\_\_\_\_\_\_\_\_\_\_

Accts/Notes Receivable \_\_\_\_\_\_\_\_\_\_\_\_ Other Loan(s) (Section 2) \_\_\_\_\_\_\_\_\_\_\_

Life Insurance Charge Accounts (Section 2) \_\_\_\_\_\_\_\_\_\_\_

(Cash Surrender Value Only) \_\_\_\_\_\_\_\_\_\_\_\_ Loans on Life Insurance \_\_\_\_\_\_\_\_\_\_\_

Other Stocks/Bonds (Sect. 3) \_\_\_\_\_\_\_\_\_\_\_\_ Real Estate(Section 4) \_\_\_\_\_\_\_\_\_\_\_

Real Estate (Section 4) \_\_\_\_\_\_\_\_\_\_\_\_ Unpaid Taxes (Section 7) \_\_\_\_\_\_\_\_\_\_\_

Auto(s) Present Value \_\_\_\_\_\_\_\_\_\_\_\_ Other Liabilities (Section 8) \_\_\_\_\_\_\_\_\_\_\_

Furniture & Fixtures (Sect. 5) \_\_\_\_\_\_\_\_\_\_\_\_

Other Assets (Section 6) \_\_\_\_\_\_\_\_\_\_\_\_ **Total Liabilities** \_\_\_\_\_\_\_\_\_\_\_

**Total Assets** \_\_\_\_\_\_\_\_\_\_\_\_ **Net Worth** (assets-liabilities) \_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Section 1:**

**Income Sources Contingent Liabilities**

Salary (per month or year) \_\_\_\_\_\_\_\_\_\_\_\_ As Endorser or Co-Signor \_\_\_\_\_\_\_\_\_\_\_

Net Investment Income \_\_\_\_\_\_\_\_\_\_\_\_ Legal Claims & Judgments \_\_\_\_\_\_\_\_\_\_\_

Real Estate Income \_\_\_\_\_\_\_\_\_\_\_\_ Provision for Fed Income Tax\_\_\_\_\_\_\_\_\_\_\_

Other Income \_\_\_\_\_\_\_\_\_\_\_\_ Other Special Debt \_\_\_\_\_\_\_\_\_\_\_

Detailed Description of items listed in Section 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Life Insurance

Give face amount of policies, name of company, and beneficiaries.

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

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**Section 2: Notes Payable, Loans, Charge Accounts** (C for Current or D for Delinquent)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owed to & Address | Original Amt | Present Bal | Int Rate | Original Date | Mature Date | Monthly Pymt | Collateral | C or D |
|  |  |  |  |  |  |  |  |  |
|  | $ | $ |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |  |  |
|  | $ | $ |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |  |  |
|  | $ | $ |  |  |  | $ |  |  |
|  |  |  |  |  |  |  |  |  |
|  | $ | $ |  |  |  | $ |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Names of Securities | # of Shares | Quotation | Cost | Amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 3: Stocks & Bonds**

**Section 4: Real Estate** (List each parcel of land separately, using additional paper if necessary)

Property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title in Name of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mortgage Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Date: \_\_\_\_\_\_\_\_\_\_\_\_ Mortgage Holder’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Market Value $\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Assessed Value $\_\_\_\_\_\_\_\_\_\_\_\_\_

Has it been refinanced? \_\_\_Yes \_\_\_No If yes, Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ & Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status of Mortgage: \_\_\_Current \_\_\_Delinquent If delinquent, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is property covered by Title Insurance \_\_\_Yes \_\_\_No, or Abstract \_\_\_Yes \_\_\_No

**Section 5: Furniture & Fixtures**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item | Value | Mortgaged | Mortgage Holder & Address | | | Mortgage Amt | Terms | C or D |
|  | $ | Yes No |  |  |  | $ | Yrs % |  |
|  | $ | Yes No |  |  |  | $ | Yrs % |  |
|  | $ | Yes No |  |  |  | $ | Yrs % |  |

**Section 6: Other Assets**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item | Value | Mortgaged | Mortgage Holder & Address | | | Mortgage Amt | Terms | C or D |
|  | $ | Yes No |  |  |  | $ | Yrs % |  |
|  | $ | Yes No |  |  |  | $ | Yrs % |  |

**Section 7: Unpaid Taxes**

Type To Whom Payable When Due Amount List Any Property with Tax Lien

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 8: Other Liabilities** (describe type, to whom, date due & amount)

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

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I (we) certify the above statements contained herein are true and accurate on my (our) financial condition to date.

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

Applicant’s Signature Spouse’s Signature Date

**Resume**

(if you have a resume already you can provide that instead of this one)

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Experience chronological from today back: (use addition paper if needed)

Begin/End Date Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Begin/End Date Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Begin/End Date Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Education that pertains or adds to your business skills:

Graduation Date:\_\_\_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes/Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates:\_\_\_\_\_\_\_\_\_\_ College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major/Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes/Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates:\_\_\_\_\_\_\_\_\_\_ College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major/Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes/Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Military Activity that pertains or adds to your business skills:

Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position/Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties/Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position/Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties/Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other Activities and/or Memberships:**

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