



Community Economic Development Corporation

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Kenosha, WI 53143
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CLIENT PROFILE FORM

Date: _____	Business Interest: _____
Business Name (if any) _____	Home Phone: _____
First Name: _____ MI: _____	Home Fax: _____
Last Name: _____	Work Phone: _____
Mailing Address: _____	Cell Phone: _____
City: _____ Zip Code: _____	Birth Date: _____
E-Mail: _____	

What is your marital status? Please check one: Single Married Widowed Divorced Separated

What is your race/ethnicity? Please check one:

African-American Native-American Asian-American Hispanic

Eskimo & Aleut White (Non-Hispanic) Native Hawaiian/ Pacific Islander

Other; Specify _____ I do not wish to respond

What is your gender? Please check one: Female Male

What is your veteran status? Please check one: Not a veteran Vietnam veteran Other veteran
Service connected disable

Are you disabled? Please check one: Yes No

What was the highest grade you completed? Please circle one: H.S.D. G.E.D. A.A. Bachelors Masters

Have you taken any courses of training that are relevant to your business idea? Yes No

What is your current employment status? Please check one:

Employed by someone else Employed by someone else Self-employed

Unemployed and self employed

How did you hear about our program? Please check one:

Word of mouth ___ Bank ___ Newspaper ___ Chamber of commerce ___ Internet ___

Radio ___ Television ___ Magazine ___ SBA ___ Other; please specify: _____

Which of the following most closely resembles your current self-employed situation? (Please check one)

Thinking about starting a business ___

Am in the process of starting a business, but have made no sales ___

Have opened a business and made sales in the last 12 months ___

Have been in business with sales for more than 12 months ___

Are you female head of household? Yes ___ No ___ How many family members within your household? _____

Do you receive any of the following assistance?

W2 ___ Rent Assistance ___ SSDI ___ Unemployment ___ Medicare ___ SSI ___

Food Stamps ___ Other ___

What is your gross household income? (Please circle one)

\$13,900-\$23,900 \$23,901-\$33,900 \$33,901-\$43,900 \$43,901-\$53,900 \$53,901-\$63,900 \$63,901-\$70,000

Is there someone in your household earning income (for example spouse, partner, adult children or relative) beside your self? (Please check one) Yes ___ No ___

I certify that all statements on this form are correct to the best of my knowledge and that I will cooperate in providing follow-up information needed to evaluate the effectiveness of the program if asked by an authorized representative of CEDCO.

Signature: _____ Date: _____