START SMART START GREEN APPLICATION CHECKLIST

1. APPLICATION

- □ Start Smart, Start Green Application
 - □ Make sure it's **completed** and **signed!**
- □ \$99/\$175 class fee due with application (before Ist class)
- \Box Assess how much capital you have to risk and how long it will last
- □ Income Certification Survey
- Personal Budget
- □ Income Documentation (used to verify income- i.e. paystub, tax return, benefit statement)

2. CONTRACTS/ RELEASES

- □ Start- Smart Contract (signed and dated)
- □ Women's Opportunities Resource Center Release (signed and dated)
- □ Release of Information (signed and dated)
- □ Address Verification/ Change Form (signed and dated)

all items on list must be submitted prior to or during the first class session



*Please fill out all blank spaces on this application. If we do not have all of the information, we will not be able to process it and you will not be called in for an interview. Attendance at orientation does not guarantee your acceptance into either program.

Name	Orientation Date / /
(First, Middle Initial, Last)	
Address (Street Number) (Ci	City) (State) (Zip) (County)
Birth date / / Gender F M	Other Social Security Number
Email	
Telephone # () (Cell)	
Telephone # () (Home)	
State Representative	State Senator
Educational Background	
Circle the Highest Grade Completed 1 2 3 4 5	6 7 8 9 10 11 12
Received High School Diploma / GED Some College Courses Received 2-year Degree Attended Vocational / Technical Training	Received 4-year Degree Graduate Level Training Received Advanced Degree
Ethnic Background	
African American Asian/Pacific Islander Hispanic Native American	er Caucasian Other
Are you a U.S. Citizen? Yes No	
If No, are you a permanent resident?YesYASY	No
Are you a Veteran?YesNo	
Do you have a disability? Yes No	
Are You Head of a Household?YesNo	
	arate Divorced Living with Partner Widowe

List Children and other Dependents

Name

1	
2	
3	
4	
5	
Income Background	
Current Major Source of Income (Check all that apply)	
Working Full-Time (More than 35hrs. per week)	
Salary \$	
Working Part-Time (Less than 35hrs. per week)	
Wk Income \$	
Social Security	

 Social Seco	in icy
 Self-Employ	yed Full-Time

- _____ Self-Employed Part-Time
- _____ SSI / SSDI
- _____ Unemployment Compensation
- _____ Disability
 - Public Assistance

If you checked Public Assistance, what kind?

Food Stamps	\$ Amount you receive monthly
AFDC / General Assistance	\$ Amount you receive monthly
Medical Assistance	\$ Amount you receive monthly
Other	\$ Amount you receive monthly

How long have been receiving public assistance? _____yrs

- What is your Annual Gross Individual (not household) Income? \$ ______
 (If you do not know your annual income then please indicate if income is monthly or weekly)
- What is your Annual Gross Household Income?
- Family Household Size:
 - Number of Adults (18yrs and older) _____
 - Number of Children (Less than 18yrs) _____

How did you hear about our programs? (please specify)

_____ Newspaper _____ TV / Radio _____Family / Friends

Former / Current Clients _	From Gov't Agency	Referred by Another Organization (Specify	')
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_____ Other _____ Referred by Bank (Specify)

2

Age

Emergency Contact:

Name / Relationsh	nip	Telephone ()	
Address				
EDUCATION AN	D WORK HISTORY (a resun	ne may be substituted for t	the next tw	o sections)
<u>Education</u> School	Name and Location	Number of Years	Degree?	Special Concentration?
HIGH SCHOOL				
COLLEGE				
OTHER				

Employment and Job Training History

List below the jobs and job training you have had. Start with your current or most recent experience and work backwards. If more space is needed, please attach a second page.

Dates	Salary	What was Your job?	Reason for Leaving
To From			
То			
From			
_			
To From			
	To From From	To From From	Dates Salary Your job? To From To From

3

4

BUSINESS INFORMATION:

effectively.

	and have several possible ideas. a and need direction to get started. formally).	
Business Name:		
The business is / will be located in	my homea retail location	other
Type of Business:		
Construction	Transportation or Utilities	
Service:	Food Service Production	
Personal	Wholesale / Sales Rep.	
Business	Retail / Trade	
Agriculture Green / Environment	Manufacturing Finance / Insurance / Real Estate	
Telecommunications	Other	
• Do you Import / Export?		

Please answer the following questions with a short paragraph. Your answers to these questions help us tailor the class to your specific needs and provides us with more in-depth information so we will be able to assist you more

1. What related experience, training or skills do you have for this kind of business (i.e., prior job, skill, hobby or education).

2. In a short paragraph, please describe your business. Possible items to include are: Your product / service; your customers, who they are and why they buy from you; your competition; your hours, location, employees; your advertising, etc.

3. In order to adequately plan for your business' success, you also need to have an idea about the physical needs for your business. What do you see as the needs or your business in terms of raw materials, location and financing?

4. In Start Smart, Start Green, a minimum of 20% of your own cash or equipment must be invested in your business to qualify for financing. Assuming your project costs \$10,000, then \$2,000 equity is needed. What would your plan be to raise this amount?

START SMART – START GREEN ENTREPRENEURSHIP TRAINING

I am requesting Entrepreneurship Training and Business Assistance from the WOMEN'S OPPORTUNITIES RESOURCE CENTER (WORC). I have completed this application honestly and have read the Eligibility Guidelines. I understand that I am responsible for WORC's fees for the Start Smart Classes, which will be charged for WORC's assistance. I agree to release any information to counselors and third-party business assistance providers that is relevant to the assistance being provided. I understand that my completion of WORC's Start Smart Training is in no way a guarantee of financing nor is it any assurance of business success. I waive my right to all claims against, WORC, WORC staff, WORC's Advisory Council and/ or WORC's cooperating business assistance providers.

Date Completed

Applicant's Signature

Print Name

Thank you for your application. Please return it to:

WORC

Women's Opportunities Resource Center, Inc. **2010 Chestnut Street** Philadelphia, PA 19103 (215) 564-5500



WORC Income Certification

Median Household Income

To be eligible for microloan programs a prospective client has to meet the requirement of 80% of median household income level set by the US Department of Housing and Urban Development (HUD), updated October 22nd, 2021.

Family Size (Check one)	Income Level (Check one)
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	 \$52,950 and under \$60,500 and under \$68,050 and under \$75,600 and under \$81,650 and under \$87,700 and under \$93,750 and under \$99,800 and under

Please indicate the following:

Race:WhiteHispanicBlackAsian or Pacific IslandsNative AmericanOtherDecline to respond
Ethnicity:Hispanic or Latino Not Hispanic or LatinoDecline to respond
Sex: MaleFemaleDecline to respond
Do you have a disability which is a substantial handicap?YesNo
Certified By: Signature: Date
Print Name:

\\worc-dc1\shared\Lending\Loans-Economic Opportunities Fund\Paycheck Protection Program\Submitted to Etran\PPP Clients\WORC PPP Loans\Bryan Caruso - BAC Landscaping\Round 1\Closing Documents\Misc Docs\Income Verification Worksheet_BAC Landscaping.doc

PERSONAL BUDGET: for NAME:

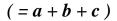
This section will help you determine whether or not your business earnings (after taxes) are enough to pay for your personal expenses that are not covered by your personal income. (Remember: business finances and personal finances are separate.)

A. Personal Monthly Income:

(Do Not include public assistance or other personal income that may be discontinued once your business is started)

- a. Your Personal Income (after taxes)
- \$_____
- b. Your Spouse's Income (after taxes)
- c. Other Household Income (after taxes) Other Persons' Income \$ _____ \$_____ **SNAP/Food Stamps** Public Housing \$_____ \$_____ TAFDC WIC \$_____ **Fuel** Assistance \$ SSI \$ Miscellaneous Income \$ Total Other \$

A: Total Personal Monthly Income:

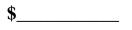


B. Personal Monthly Expenses (not business expenses):

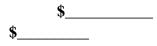
a.	Utilities (gas, electric, water)	\$
b.	Telephone(s)	\$
c.	Groceries	\$
d.	Rent/Mortgage	\$
e.	Clothing	\$
f.	Home repairs/maintenance	\$
g.	Furniture/Equipment	\$
h.	Car repairs/maintenance	\$
i.	Gasoline	\$
j.	Recreation/Entertainment	\$
k.	Insurance	\$
1.	Savings	\$
m.	Other:	\$

B: Total Personal Monthly Expenses:

- C. Personal Money Remaining (Monthly) (= A B)
- **D.** Personal Money Remaining (Yearly) (= C x 12)



\$





START SMART CONTRACT

Dear

Congratulations on your decision and acceptance into the Self-Employment Training Program, Start Smart Classes (SS), sponsored by the Women's Opportunities Resource Center. We are please to assist you in your step toward economic self-sufficiency through self-employment.

As a participant in Start Smart Training you will be responsible for your business and all the decisions that you make regarding your business. This contract is to ensure that you understand our services as well as your commitments and what is expected of a participant in training.

In order to successfully complete Start Smart training, you are expected to:

- 1. Provide all requested information necessary for your enrollment.
- 2. Attend at least 80% of Start Smart training classes.
- 3. Complete a written business plan, inclusive of executive summary, marketing, operations and financial sections.
- 4. Fulfill the State and Local requirements to be a legally licensed business. Philadelphia residents must obtain a Philadelphia Commercial Activity License (Free at Phila.gov) before the end of class.

If you are unable to meet these expectations, WORC will consider you to have self-selected out of the program.

WORC wishes to reiterate that you are responsible and accountable for achieving your goals of economic independence through selfemployment. It involves hard work, learning, excitement and fun. WORC looks forward to assisting you in your movement towards your goals. However, if you are unable to keep or meet program expectations and/or requirements, WORC cannot continue to provide services. There is no obligation on the part of WORC to accept any application for re-admission to Start Smart.

If after reviewing these program requirements, you wish to participate in this self-employment training program, please sign and date this original letter acknowledging that you have received, reviewed, understood and agreed to the terms of program participation and that you recognize that the program makes no assurances or representations with respect to your success in the program or in business, the availability of a mentor, or the availability of financing. In addition, your signature below will indicate to us that you recognize that there are no warranties contained herein, rather express or implied, and that the program is subject to alteration or discontinuance at any time based on factors related or unrelated to your own individual performance.

Participant's Signature

WORC - Training Manager Signature

Date



WOMEN'S OPPORTUNITIES RESOURCE CENTER RELEASE

In consideration of my participation in the promotional efforts of the Women's Opportunities Resource Center (WORC), I hereby authorize WORC or any representative, agent, servant, officer, director or employee thereof, to photograph, film, and/or tape myself and my children through the use of photographic, audio, and/or other imaging and recording equipment, and further authorize that the results thereof be used by WORC at no cost or charge to said corporation for teaching, research, promotional activities and other similar purposes.

This RELEASE and AUTHORIZATION shall be effective from the date of signature and shall be valid for a period of 12 months from said date.

NAME

SIGNATURE

DATE



Promoting Social and Economic Self-sufficiency

RELEASE OF INFORMATION

I, ______ allow the Women's Opportunities Resource Center (WORC) to release my name and social security number for the purpose of verification of unemployment compensation. This information will also be used for eligibility purposes for WORC's programs.

In the future, I allow the Women's Opportunities Resource Center to release my name and social security to the Pennsylvania Office of Employment Security for the purpose of verifying and updating data on employment that resulted from a WORC training program. This information includes wage records of earnings reported by employer(s) for up to 3 years after training.

Signed:	
Dignou.	

Social Security #: _____



ADDRESS VERIFICATION/CHANGE FORM

Select one:	Participant	Participant Address Cha	ange
Name:		Social Security Numb	er:
Mailing Address	(or new address if this is a change):	
Telephone Numb	er:		
Are you currently	v receiving unemployment benefits	s? Yes	🗌 No
I certify that the a	bove information is true and corre	ect to the best of my knowled	ge:
	Participant's Signature		Date



SELF-EMPLOYMENT ASSISTANCE PROGRAM 15 BUSINESS GOALS/ ASSESSMENT

	Yes	No	GOALS
1			Developed Business Plan
2			Established legal entity
3			Opened a business checking account
4			Established a home office
5			Signed for a lease of office outside of home
6			Secured needed equipment/supplies
7			Developed marketing package
8			Started solicitation of customers
9			Purchased business insurance
10			Obtained needed licenses/regulations
11			Hired Staff
12			Filed Schedule C for income tax
13			Obtained credit report
14			Devoting full time to start up
15			Successful completion of entrepreneurial training

*Client needs to complete 6 out of the 15 to be measured as successful in the Self-Employment Assistance Program