

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 1st class)
- 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) (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 | _____ Received 4-year Degree |
| _____ Some College Courses | _____ Graduate Level Training |
| _____ Received 2-year Degree | _____ Received Advanced Degree |
| _____ Attended Vocational / Technical Training | |

Ethnic Background

- | | | |
|------------------------|------------------------------|-----------------|
| _____ African American | _____ Asian/Pacific Islander | _____ Caucasian |
| _____ Hispanic | _____ Native American | _____ Other |

- Are you a U.S. Citizen? ____ Yes ____ No
- If No, are you a permanent resident? ____ Yes ____ No
- Are you a Veteran? ____ Yes ____ No
- Do you have a disability? ____ Yes ____ No
- Are You Head of a Household? ____ Yes ____ No
- Relationship Status ____ Married ____ Single ____ Separate ____ Divorced ____ Living with Partner ____ Widowed

List Children and other Dependents

Name	Age
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

_____ Self-Employed 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)

_____ Other _____ Referred by Bank (Specify)

Emergency Contact:

Name / Relationship _____ Telephone (____) _____

Address _____

EDUCATION AND WORK HISTORY (a resume may be substituted for the next two sections)

Education

School	Name and Location	Number of Years	Degree?	Special Concentration?
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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.

Name and Address of Employer or Job Training Program	Dates	Salary	What was Your job?	Reason for Leaving
1.	To From			
2.	To From			
3.	To From			

BUSINESS INFORMATION:

Which category best describes your stage of business development?

- I would like to start a business and have several possible ideas.
- I have selected a business idea and need direction to get started.
- I have started my business (informally).
- I am running a business venture.
- Are you licensed?

Business Name:

The business is / will be located in _____ my home _____ a retail location _____ other

Type of Business:

- | | |
|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation or Utilities |
| <input type="checkbox"/> Service: | <input type="checkbox"/> Food Service Production |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Wholesale / Sales Rep. |
| <input type="checkbox"/> Business | <input type="checkbox"/> Retail / Trade |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Green / Environment | <input type="checkbox"/> Finance / Insurance / Real Estate |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> 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 effectively.

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 of 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)	
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8

Income Level (Check one)	
<input type="checkbox"/>	\$52,950 and under
<input type="checkbox"/>	\$60,500 and under
<input type="checkbox"/>	\$68,050 and under
<input type="checkbox"/>	\$75,600 and under
<input type="checkbox"/>	\$81,650 and under
<input type="checkbox"/>	\$87,700 and under
<input type="checkbox"/>	\$93,750 and under
<input type="checkbox"/>	\$99,800 and under

Please indicate the following:

Race: ___ White ___ Hispanic ___ Black ___ Asian or Pacific Islands ___ Native American
___ Other ___ Decline to respond

Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino ___ Decline to respond

Sex: ___ Male ___ Female ___ Decline to respond

Do you have a disability which is a substantial handicap? ___ Yes ___ No

Certified By: **Signature:** _____ **Date** _____

Print Name: _____

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: \$ _____
(= $a + b + c$)

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 \$ _____
- l. 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 self-employment. 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: _____

Date: _____

Social Security #: _____



ADDRESS VERIFICATION/CHANGE FORM

Select one: Participant Participant Address Change

Name: _____ Social Security Number: _____ - _____ - _____

Mailing Address (or new address if this is a change):

Telephone Number: _____

Are you currently receiving unemployment benefits? Yes No

I certify that the above information is true and correct to the best of my knowledge:

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