Lane MicroBusiness/eDev
CITY INTAKE FORM

Application Date:

CONTACT INFORMATION

Last Name	First	Middle	Sex ❑ M ❑ F	Date of Birth

Mailing Address	City	State	ZIP Code	County

Home Phone No.	Cell Phone No.	Email Address

Alternative Contact Name and Phone	Relationship to you

Referred to LMB by:

PERSONAL INFORMATION

Ethnicity ❑ American Indian ❑ Hispanic/Latino ❑ White
❑ Alaskan Native ❑ Asian ❑ Other (please specify):
❑ African American ❑ Native Hawaiian/Pacific Islander

Disability ❑ None ❑ Deaf/Hearing Impaired ❑ Other (please specify):
❑ Developmentally Disabled ❑ Blind/Visually Impaired
❑ Learning Disabled ❑ Speech Impaired

Highest Education Level Completed ❑ High school ❑ BA/BS ❑ PhD ❑ Currently enrolled (specify):
❑ AA ❑ Masters ❑ Other (specify):

Date Completed:

FAMILY INFORMATION

Are you currently receiving public assistance (food stamps, housing assistance, etc.)? ❑ Yes ❑ No

Are you currently receiving TANF? ❑ Yes ❑ No

Total No. of People in Family (do not include renters):

How much money did you save last year?

EMPLOYMENT INFORMATION

Employment Status (FT ≥35 hrs/week) ❑ FT Self Employed ❑ FT Employed ❑ Retired
❑ PT Self Employed ❑ PT Employed
❑ Seasonal ❑ Unemployed

Annual wage at job:

Estimated Family Income for the Next 12 Months:

INSURANCE INFORMATION

Do you have health insurance? ❑ Yes ❑ No

If yes, source of health insurance ❑ Business ❑ Spouse's employer
❑ Private ❑ Employer
❑ Medicaid ❑ State – no cost
❑ Medicare ❑ Other (please specify)

Other family member insurance: ❑ All members insured ❑ Some members insured ❑ No members insured

BUSINESS INFORMATION

Business Status

❑ Pre-business (no current business)
❑ Start-up (under 12 months)
Have you made sales? ❑ Yes ❑ No
Date Business started:

❑ Purchasing a business
❑ Existing (over 12 months)
Have you made sales? ❑ Yes ❑ No
Date Business started:

If applicable, is your business: ❑ FT ❑ PT ❑ Seasonal

Please describe your business:	If possible, provide NAICS code:
What is your business name?	
Legal Type of business: ❑ Sole proprietorship ❑ LLC ❑ S Corp ❑ C Corp… ❑ Other:_____	
Have you ever started a business before?	
How many years experience in your trade/profession? _____	How many years of experience managing a business? _____
Do you have paid employees? ❑ Yes ❑ No If yes, total number of employees in last 12 months (FT ≥35 hours/week): _____FT _____PT _____Seasonal	
Last year's gross sales: $	Last year, did you pay yourself from your business? ❑ Yes ❑ No Amount withdrawn:
LMB periodically collects follow-up information from its clients to learn more about the economic, business, and employment experiences of its clients. I agree, as an active client, to provide certain information to LMB on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will be shared in a trustworthy manner.	
Client signature	**Date**

*Please return your completed **Intake Form**, accompanied by your **Income Verification**.

Your Income Verification is meant to provide an accurate understanding of your financial situation. If you have any questions about what to provide, or if it's difficult to decide what is needed, refer to the Application Instructions or call eDev (541) 463- 4627.

FOR EDEV STAFF USE ONLY

HHS Income Guidelines:

Family Size	100% of Poverty (Low)	150% of Poverty (Medium)	200% of Poverty
1	10,830	16,245	21,660
2	14,570	21,855	29,140
3	18,310	27,465	36,620
4	22,050	33,075	44,100
5	25,790	38,685	51,580
6	29,530	44,295	59,060
7	33,270	49,905	66,540

HUD Moderate Income Guidelines - 80% of Poverty: *For your information only.*

Family Size	Baker/Harney	Benton	Lane	Linn	Yamhill	Wallowa
1	28,350	40,250	32,200	31,050	39,900	28,350
2	32,400	46,000	36,800	35,450	45,600	32,400
3	36,450	51,750	41,400	39,900	51,300	36,450
4	40,500	57,450	46,000	44,300	56,950	40,500
5	43,750	62,050	49,700	47,850	61,550	43,750
6	47,000	66,650	53,400	51,400	66,100	47,000
7	50,250	71,250	57,050	54,950	70,650	50,250

Present Income:	**Source Documentation Used**:
Calculated Income for the Next 12 Months:	**EDEV Staff Signature Who Completed Calculation**: