



CHI ISHOBAK

Client Intake Form

Contact Information			
First Name:	Middle Name:	Last Name:	
Social Security Number:		Date of Birth:	
Mailing Address:	City:	State:	Zip:
Physical Address (if different):	City:	State:	Zip:
Email:		County:	
Cell Phone:	Work Phone:		Home Phone:
Which is your preferred phone number?		Would you like to be included in our mailing list?	
<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal Affiliation:		Tribal Enrollment Number:	
<input type="checkbox"/> Pokagon Band of Potawatomi <input type="checkbox"/> Other Tribe:			
Employee Affiliation:		Position:	Hire Date:
<input type="checkbox"/> Pokagon Band Government Employee <input type="checkbox"/> Four Winds Casino Resort Employee			
Highest Level of Education Completed:			
<input type="checkbox"/> Some High School or less <input type="checkbox"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Advanced Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree			
Employment Status:			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student, Job Training <input type="checkbox"/> Retired			
Employer Name:			
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Avg Weekly Hrs _____ Wages Earned Per Week/Biweekly _____			
Checking Account:		Savings Account:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know your credit score?		Credit Score	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Client Intake Form - continued

Contact Information

If yes, how would you describe your credit score?

Excellent
 Good
 Average
 Bad
 No Credit

Do you have any active collections/judgments?

Yes No

Did you file Federal and State Income Taxes last year?

Yes No

How did you learn about Chi Ishobak?

Website
 Newsletter
 Brochure/Rack Card
 Word of Mouth
 Referral
 Social Media

Personal Information

Our organization is frequently funded by the Federal Government and as such we request your gender and race/ethnicity in order to comply with Federal laws prohibiting discrimination against applicants seeking to participate in programs. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to complete the information below, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

I do not wish to furnish gender, ethnicity, and race information. Initials _____

Gender:

Male Female

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Race:

African American
 Caucasian
 Native American
 Asian
 Other:

Your Interests

What are you interested in?

Loan

- Personal
- Business Start-up/Expansion
- Automobile Purchase/Re-finance/Repair
- Credit Builder
- Emergency Home Improvement

One-on-One Technical Assistance

- Business Development/Planning
- Business Management
- Personal Financial Management
- Credit Building/Repair

Business Information and Interest

Do you currently own a business?

Yes No

What is the name of your business?

What date did you start your business?

What industry does your business operate in?

Please provide a general description of your business, including the products/services you offer:

Are you interested in expanding your existing business?

Yes No

Please describe the business expansion project:

Are you interested in starting a new business?

Yes No

Do you have a business plan?

Yes No

Are you comfortable writing a business plan?

Yes No

What industry would your business operate in?

Please provide a general description of the business you would like to start, including the products/services you would offer:

Financial Information

Total Size of Household:	Number of Adults over 18:	Number of Children under 18:
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Name of employer: _____

Hourly Salary Avg weekly hrs _____ Wages earned per week/biweekly _____

Other Sources of Income

\$	Source:	\$	Source:
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Do you receive TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive SNAP/EBT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you receive any other benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
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In any income listed in this section likely to be reduced in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
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