

**REGISTRATION FORM**

**General Information:** Applicants are required to provide social security number. Answers to questions relating to marital status, race, sex and education are voluntary and are requested for the purpose of determining compliance with Federal Civil Rights Law and for statistical monitoring by CVC. Your answers to these questions will in no way affect your application. By providing this information, you will assist us in assuring that this program is being administered in a nondiscriminatory manner. Your answers will be kept strictly confidential.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Number Years at this Address \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_  
If Rent, Landlord's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Previous Address (if less than 2 years at present address) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Years in U. S. \_\_\_\_\_ Marital Status \_\_\_\_\_  
Veteran Status: Non-Veteran \_\_\_\_\_ Vietnam Veteran \_\_\_\_\_ Other Veteran \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_ Caucasian/White \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ African American \_\_\_\_\_ Other (please specify): \_\_\_\_\_  
Last Grade Completed in School \_\_\_\_\_ #in Household \_\_\_\_\_ # of Dependents \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Salary \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_  
Additional Family Income \_\_\_\_\_ Total Family Income \_\_\_\_\_  
Do you expect your income to change? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

**BUSINESS INFORMATION**

Is your business open? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Business Name \_\_\_\_\_ Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_  
Business Address: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Gross Business Income \$ \_\_\_\_\_ Year \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \_\_\_\_\_ # of Employees \_\_\_\_\_  
Please provide three personal references (family or friends NO Employers). Include full address and phone number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOLD HARMLESS**

I hereby request technical assistance from Community Ventures Corporation (CVC). Such technical assistance may include but is not limited to: classroom education, skill introduction, individual assistance in the preparation of a business plan and applying for a business loan through a CVC loan program or other financial institution. In consideration of my request for technical assistance, I agree that CVC, its staff, employees, agents, sponsoring banks, officers, directors and any other organizations or agencies associated with CVC shall be Held Harmless from any and all claims injury or causes of action whatsoever whether previously now or hereafter incurred from any acts or omissions by CVC staff, employees, agents, sponsoring banks, officers, directors or any other organizations or agencies associated with CVC arising under or out of the Technical Assistance Plan unless such act or omission is expressly done with the specific intent to injure me, my property or my business.

\_\_\_\_\_  
Print Name Signature Date

**PROOF OF ID REQUIRED**

**ATTACH A COPY OF LICENSE OR OTHER PHOTO ID TO REGISTRATION FORM**

For CVC Use: %MI _____ %PPI _____ Verified? Y N TOB _____ SIC _____ CT _____
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