HHWP Community Action Commission  
Small Business Program Enrollment Form

Name: First___________________ M.I. __ Last__________________ Preferred Name: ____________

Address: _____________________________________________________ City:___________________ Zip:_________

County of Residence: ___ Hancock ___ Hardin ___ Putnam ___ Wyandot

Phone: __________________________ Mobile Phone:________________ E-mail: ____________________________

Education: ___ High School Graduate ___ College Graduate ___ Technical/Business School Graduate

Your Household size: # of Adults: _____ # of Children under 18:_____ 

Based on my/our current employment status, my/our estimated annual (gross pay before deductions for taxes and benefits) household income is approximately $ ____________

How did you hear about the Small Business Program? ________________________________

Business Information

Have you ever owned a business?  □ Y  □ N.  If yes, please describe the business:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe the business you own or would like to: □ buy  □ start

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Why do you want to operate your own business?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The program cost is either $25 or $100 and is based on household income documentation. Details of the income determination requirements will be explained at the 1st session which is free. Session size is limited to 15. Low and moderate income individuals (as defined by the Department of Housing and Urban Development) will be given preference for program participation. Other than income requirements, acceptance into the program is determined by application receipt date.

Enrollee’s Signature: __________________________________________ Date: ____________________________

This agency does not discriminate because of race, color, age, sex, handicap, political affiliation or national origin in its employment and operational practices. If you feel you have been discriminated against, contact the Affirmative Action Officer at 419-423-3755 or 800-423-4304.