

## BizGrow Intake Form

### Personal Information

Name:	
Street Address:	
City:	
State:	
Zip:	
Phone:	
Email:	
Gender:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-Binary
Preferred Pronoun:	
Race/Ethnicity: (Please check all that apply)	<input type="checkbox"/> African American <input type="checkbox"/> European American/Caucasian <input type="checkbox"/> Latinx <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caribbean American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Indian
If other, please specify:	
Are you an Immigrant?:	<input type="radio"/> Yes <input type="radio"/> No
How did you hear about us?	

## Business Information

Are you currently conducting business?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, when did you begin?		
Name of your new or existing business:		
What type of legal entity is your existing business (if any):	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership
	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation
	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Other
If other, please specify:		
Briefly describe your business or business idea:		
Do you have any partners in your business?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, what are their names?:		
How many people work for you?:	Full time:	Part time: Independent contractors:
How many people do you anticipate hiring over the next three years?:		
What community will you, or do you, presently serve with your business? What benefit will the community receive, if any? (For example, will your business hire employees from the community?):		

## Financial Information

How many people are in your household:	
How many people in your household are dependents:	
What is the total annual income from all members of your household:	
What is your annual income:	
How much of your income is from your business:	
Do you have any additional sources of income:	
Is your business being financed in part or in full by sources other than yourself?	<input type="radio"/> Yes <input type="radio"/> No
Have you applied for any loans for your business?	<input type="radio"/> Yes <input type="radio"/> No
Do you have other significant financial obligations (such as childcare, educational expenses, child support or alimony that would assist us in evaluating your application)?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please specify:	

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## Legal Assistance

Please include a brief description of your legal needs:	
Has an attorney helped you with your business at any time?:	<input type="radio"/> Yes <input type="radio"/> No
If yes, for what matters?:	
Have you applied to the Lawyers' Committee or Lawyers for Civil Rights before?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please specify when and for what issue:	

Please list the names of any partners or entities (such as other businesses or corporations) that are actively involved in the legal matter for which you are seeking assistance and how they are involved in the business:

Name of individual or business involved	Involvement with your business