



# NEON SERVICE APPLICATION

The Northside Economic Opportunity Network (NEON) is a North Minneapolis Community-based organization whose mission is to expand economic opportunities and build wealth for North Minneapolis residents through the creation, growth and development of small business in the North Minneapolis area. NEON works collaboratively with partner organizations to pursue this mission.

NEON does not discriminate in providing services to individuals on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance or refugee. The information collected on this application is considered private data for the purpose of Minnesota Statutes Chapter 13. Individuals may refuse to provide any of the information requested. We appreciate your taking the time to complete the form.

Pre-Venture  Start-Up  Existing

APPLICANT BACKGROUND INFORMATION					
First Name		Last		M.I.	
Street Address			<input type="checkbox"/> Ownership <input type="checkbox"/> Rent		Apartment/Unit #
City		State: MN		Zip	
Phone		Alternate Phone		Email	
Race/Ethic Background					
<input type="checkbox"/> African American		<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian	
<input type="checkbox"/> Latino		<input type="checkbox"/> Oromo		<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Somali		<input type="checkbox"/> _____		<input type="checkbox"/> _____	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated			
Veteran Status <input type="checkbox"/> Non – Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Veteran		Disability <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently a Refugee or Asylee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Birth:					
Education					
<input type="checkbox"/> Elementary School		<input type="checkbox"/> High School		<input type="checkbox"/> GED	
<input type="checkbox"/> Undergraduate Degree		<input type="checkbox"/> Graduate Degree		<input type="checkbox"/> Technical School	
Additional Training(s):					
Sources of Income					
<input type="checkbox"/> Self-Employed (Full Time)		<input type="checkbox"/> Self Employed (Part Time)		<input type="checkbox"/> Spouse/Partner Income	
<input type="checkbox"/> Part Time Job		<input type="checkbox"/> Savings/Investments		<input type="checkbox"/> Full Time Job	
<input type="checkbox"/> Unemployment		<input type="checkbox"/> Social Security		<input type="checkbox"/> Alimony/Child Support	
				<input type="checkbox"/> Public Assistance	
				<input type="checkbox"/> Disability	
				<input type="checkbox"/> Other	
Does either recipient receive government assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PARTNER/CO-APPLICANT BACKGROUND INFORMATION					
First Name		Last		M.I.	
Street Address			<input type="checkbox"/> Ownership <input type="checkbox"/> Rent		Apartment/Unit #
City		State: MN		Zip	
Phone		Alternate Phone		Email	

**PARTNER/CO-APPLICANT BACKGROUND INFORMATION CONTINUED**

**Race/Ethnic Background**

- African American       American Indian       Asian       Caucasian  
 Latino       Oromo       Somali       \_\_\_\_\_

**Sex**  Male       Female      **Marital Status**  Married       Single       Separated

**Veteran Status**  Non – Veteran       Vietnam Era Veteran       Other Veteran      **Disability**  Yes       No

**Are you currently a Refugee or Asylee?**  Yes       No

**Date of Birth:** \_\_\_\_\_

**Education**

- Elementary School       High School       GED       Technical School  
 Undergraduate Degree       Graduate Degree      Area of study: \_\_\_\_\_  
 Additional Training(s): \_\_\_\_\_

**Sources of Income**

- Self-Employed (Full Time)       Self Employed (Part Time)       Spouse/Partner Income       Full Time Job  
 Part Time Job       Savings/Investments       Alimony/Child Support       Public Assistance  
 Unemployment       Social Security       Disability       Other

**TRAINING/EXPERIENCE**

**1.) Have you ever received business training?**

- Yes: I took NEON’s business class but did not finish       Yes: From another organization (please provide name) \_\_\_\_\_  
 No

**2.) Do you have any experience managing or operating the type of business you are interested in?**

- Yes: Please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 No

**3.) Are you Currently Employed**  Yes       No      **Length of employment** \_\_\_\_\_

If Yes, Please describe employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4.) Will you continue to work at this job after starting your business?**

- Yes: Full Time       Yes: Part Time       No

**Computer Skills**

**5.) My computer knowledge is:**

- Advance       Basic       None       Intermediate

**6.) Are you interested in taking computer classes for a nominal fee?**

- Yes       No       Maybe

**7.) What would you like to learn?**

- Word       Excel       Publisher       Internet/Email  
 Keyboard/Mouse       Other \_\_\_\_\_

**BUSINESS INFORMATION**

**8.) Is your business already operating?**

- Yes: Full time (35 Hours/week or more)       Yes: Part time (Less than 35 hours/week)       No

**9.) Name of business (Official or Unofficial):** \_\_\_\_\_

**BUSINESS INFORMATION CONTINUED**

10.) Please describe your business or business idea. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11.) Why do you want to start or expand your own business? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12.) Do you expect your business to provide:  Primary Income  Supplemental Income

13.) How much money do you have to put into your business?

14.) How much money do you think you would need to borrow to start your own business?

15.) If you DO NOT currently operate your own business:  
 A.) Where do you plan to locate your business \_\_\_\_\_  
 B.) Do you need help finding a location?  Yes  No

**THE FOLLOWING SECTION IS FOR APPLICANTS WITH BUSINESSES IN OPERATION.  
 IF YOUR BUSINESS IS NOT YET OPEN PLEASE CONTINUE ON THE NEXT PAGE**

Name of Business \_\_\_\_\_ Located :  In Home  Commercial Location

Business Address \_\_\_\_\_  Ownership  Rent Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_ Website \_\_\_\_\_

16.) What type of business do you operate?  
 Service to Individuals  Service to businesses  Retail/Trade  Wholesale  Manufacturing  
 Other (please describe): \_\_\_\_\_

17.) Is your Business Registered?  Yes  No

18.) What type of Entity do you have?  
 Sole Proprietor  Partnership  LLC  Corporation  S Corp  
 Other \_\_\_\_\_

19.) How long has your business been in operation?  
 Less than 6 months  6months- 1 year  1-3 years  More than 3 years

20.) When was your first sale? (Month/Year) \_\_\_\_\_

21.) How many employees do you have: Family members \_\_\_\_\_ Full Time \_\_\_\_\_ Part time \_\_\_\_\_

22.) How many hours do you work at your business each week?

23.) Do you take an owner's draw (salary)?  Yes: Amount\$ \_\_\_\_\_ Year \_\_\_\_\_  
 No

24.) Do you have a written business plan  Yes  No

APPLICATION CONTINUED

25.) How did you find out about NEON? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEON provides scholarships for low to moderate-income individuals that would like to either participate in our Entrepreneur Training Program or access Network Services. Scholarships are based on a sliding scale according to last year's household income. If you would like to be considered for a scholarship we must have the following information from each partner. Married business partners only need to fill out one income verification.

Income Verification

1.) Applicant Household Size \_\_\_\_\_ # Adults \_\_\_\_\_ #Children

2.) Annual Household Income \_\_\_\_\_

Signature

The information given on this application is correct and true to the best of my knowledge. I understand that NEON may verify the income information by reviewing W2 forms or tax returns. I hereby authorize NEON to verify the above information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Income Verification

3.) Applicant Household Size \_\_\_\_\_ # Adults \_\_\_\_\_ #Children

4.) Annual Household Income \_\_\_\_\_

Signature

The information given on this application is correct and true to the best of my knowledge. I understand that NEON may verify the income information by reviewing W2 forms or tax returns. I hereby authorize NEON to verify the above information.

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Please return the entire completed application to:

Northside Economic Opportunity Network  
1011 W. Broadway Ave. No Suite 100  
Minneapolis, MN 55411  
Phone: 612-302-1505  
Email: [admin@neon-mn.org](mailto:admin@neon-mn.org)

[www.neon-mn.org](http://www.neon-mn.org)