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| Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale <input type="checkbox"/> Other (specify) _____ | | |
| Please provide a brief description of your business <hr/> <hr/> | | |
| What type of assistance are you seeking? <i>LegalCORPS attorneys may only be able to assist you with one legal issue. Multiple applications may be required for additional services. If you have questions about this, please contact LegalCORPS.</i> <input type="checkbox"/> Entity Formation <input type="checkbox"/> Lease Review <input type="checkbox"/> General Business Advice <input type="checkbox"/> Employment Advice <input type="checkbox"/> Intellectual Property (trademark, copyright, patent) <input type="checkbox"/> Contract Draft/Review <input type="checkbox"/> Other _____ | | |
| Please explain: <hr/> <hr/> <hr/> | | |
| Opposing party(ies): _____ | | |
| What do you rely on as your PRIMARY source of Household income (check only one) <input type="checkbox"/> Self-employed (full-time) <input type="checkbox"/> Self-employed (part-time) <input type="checkbox"/> Spouse/Partner Income <input type="checkbox"/> Full-time job <input type="checkbox"/> Part-time job <input type="checkbox"/> Savings/Investment <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Other | | |
| Do you receive welfare benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you expect your business to provide: <input type="checkbox"/> Primary Income <input type="checkbox"/> Secondary Income | | |
| How much money/capital do you have to put into your business? | | |
| Do you have experience managing or operating the type of business you are interested in? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: | | |
| Is your business operating full-time? <input type="checkbox"/> Yes, Full-time (35 hours/week or more) <input type="checkbox"/> Yes, Part-time <input type="checkbox"/> No If no, anticipated opening date: | | |
| How many hours do you personally work at your business each week? | | |
| Why do you want to start or expand your business? | | |
| For Existing Businesses Only: How many employees does your business have: _____ Full-time _____ Part-time How many of these employees are family members? | | |
| Annual Sales for your business: | | Fiscal year end : Month Year |
| Do you take an owner's draw (salary)? <input type="checkbox"/> No <input type="checkbox"/> Yes; Amount per year: | | |
| How did you find out about this program? | | |

Signatures

By signing the application, applicants understand that all information provided and collected is non-confidential. Individuals may refuse to provide any of the information requested. While LegalCORPS intends to use and disclose your information only to the extent appropriate, you understand that we will disclose your information to others, including law firms and lawyers who will consider assisting you.

Income Verification Statement:

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

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Please return the entire completed application and \$50.00 administrative fee, along with a copy of your tax return or financial statement and a copy of your business plan to:

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