

**FIRST PONCA FINANCIAL INC.  
CLIENT INTAKE FORM**

*The information you provide is confidential and is used for funding purposes and to better serve our clients. The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. A lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.*

       ***I do not wish to furnish this information***

**1. Race. (Circle one)**

Caucasian  Hispanic/Latino  African American  Asian  Native Hawaiian/Other Pacific Islander   
Native American/Alaska Native  Other \_\_\_\_\_

**2. Education level you completed. (Circle One)**

High School/GED  Trade School  AA/AS  BA/BS  Masters  Post-Graduate

**3. Current marital status: (Circle One)** Married  Single  Widow  Divorced  Legally Separated

**4. Number of individuals in your household?** 1  2  3  4  5  6  7  8  9  10 or more

**5. Number of dependents: (Circle One)** 0  1  2  3  4  5  6 or more

**6. Yearly household income: \$ \_\_\_\_\_**

**7. How did you hear about the First Ponca Financial Inc? (Circle One)**

Radio Newspaper Friend Postcard Flyer Other \_\_\_\_\_

**8. Date of Birth: \_\_\_\_\_**

**9. Do you have a checking account?** Yes \_\_\_ No \_\_\_

**10. Do you have a savings account?** Yes \_\_\_ No \_\_\_

**11. Have you ever had a loan?** Yes \_\_\_ No \_\_\_

**12. Gender: (Circle One)** Female Male

**13. Are you a Veteran?** Yes \_\_\_ No \_\_\_

**14. Are you here for assistance with** \_\_\_\_\_ existing business \_\_\_\_\_ new business?

**15. Are you currently delinquent on any Federal Debt (including student loans)?**

Yes \_\_\_ No \_\_\_

**16. Have you filed personal Federal and State Income Tax Returns for the years below?**

2011 \_\_\_\_\_ 2010 \_\_\_\_\_ 2009 \_\_\_\_\_ 2008 \_\_\_\_\_ ( FPF Inc. will need copies of them)

**16. # of employees (include self):** \_\_\_\_\_ full time \_\_\_\_\_ part time

**17. If an existing business how long has your business been open?** \_\_\_\_\_

**18. What type of business?** \_\_\_\_\_

What is your specific assistance required? (check all that apply)

Business plan preparation

Administrative/legal/regulatory

- Marketing
- Accounting and bookkeeping systems
- Management structure
- Personnel management
- Computer and information technology
- Financial literacy/basic banking
- Financial statement assessment/preparation
- Managing credit and debit

- Personal organization and time management
  - Business loan
  - 8(a), HubZone, other government certificates
- Other (specify) \_\_\_\_\_

***Continued on the back***

**Client self-assessment of strengths & weaknesses:** On a scale of 1 to 5, how would you rate yourself on the following skills... *circle the best number for each skill*

	<b>Very Weak</b>			<b>Extremely Strong</b>	
Business plan preparation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Managing employees	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Accounting and bookkeeping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Basic banking skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Managing credit and debit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Computer skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Communication skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Personal organization skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Creativity and innovation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Independence and self-reliance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Advertising and marketing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Public relations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Identifying business opportunities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Financial assessments and reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Analysis of financial statements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Passion for your business	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ability to accept constructive criticism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Understanding the business model you intend to apply	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (explain):					

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I request business counseling service from FIRST PONCA FINANCIAL INC. or a resource partner. I understand that any information disclosed will be held in strict confidence. FIRST PONCA FINANCIAL INC. will not provide my personal information to commercial entities. In consideration of the counselor(s) furnishing technical assistance, I waive all claims against FIRST PONCA FINANCIAL personnel, and that of its resource partners and host organizations, arising from this assistance.

**NAME:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Ph #** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Work Ph #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Cell Ph #** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

