

SELF-EMPLOYMENT REFERRAL FORM FEASIBILITY STUDY

Counselor Name: _____ VR Office: _____

Client Name: _____ Case #: _____

Address: _____

Telephone numbers:

Home: _____ Cell: _____ Work: _____

Email address: _____

Best way to contact: _____

Best time of day to contact: _____

Self-Employment Goal: _____

Projected Targeted Monthly Income Goal for Business:

Gross: _____ Net: _____

Other relevant information:

Required referral information:

- Self-Employment Questionnaire
- If Business Expansion – include the most recent 3 years of business tax returns
- If Maintaining an Existing Business – include the most recent 3 years of business tax returns and the current year's profit and loss statement and balance sheet (both signed and dated by client).
- Vocational Evaluation (Assess aptitude for bookkeeping and business skills & explore labor market information about business idea)
- Personal Finances worksheets (2 pages)
- FICO score
- Credit Report
- Criminal Background Check (if applicable)