

**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*

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

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 _____

