

# AGENCY NAME PROGRAM NAME

## Business Ownership Assessment

Participant \_\_\_\_\_

The purpose of this assessment is to determine whether the participant named above is likely to be able to open or expand a business by the end of X DATE, based on his/her current situation.

AGENCY NAME recognizes that the information provided is not a guarantee, but simply an educated assessment based on information available to the counselor at this time.

\_\_\_ The participant named above appears ready and able to start/expand a business at this time.

\_\_\_ The participant named above should be ready and able to start/expand a business by x DATE, provided the issues listed below are addressed.

\_\_\_ It appears unlikely that the participant named above will be ready and able to start/expand a business by X DATE.

In order to help the participant set a realistic savings goal, please provide the following:

Estimated amount participant is expected to need for business start-up/expansion.

\$ \_\_\_\_\_.

### Issues to be Addressed:

\_\_\_ Establish credit history

\_\_\_ Reduce income to debt ratio

\_\_\_ Credit repair

\_\_\_ Need to increase household income

\_\_\_ Need to decrease household expenses

\_\_\_ Other (please list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on his/her current situation, the participant **may** qualify for and should investigate the possibility of capitalizing a small business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Small Business Counselor)

AT (Later) Date, participant has submitted an approved business plan, attached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Small Business Counselor)