

A SECURED ALLIANCE AFFILIATE

SMALL BUSINESS INFORMATION REQUEST

ICIARY NAME (PLEASE PRINT):
ou for expressing your interest in starting a small business! To help us determine if funds from you n be used to support your business venture, we kindly ask that you provide some additional ion. Please complete the questions below and return this form, along with a signed copy of f-Employment and Benefits Eligibility' form. We look forward to assisting you!
at is the service you are planning to provide or product(s) you will be selling?
it will you charge for your service or products? (Ex. I will charge \$10/hour, or I will charge \$20 per lawr /ed.)
your City/Township/County require you to have a license/permit(s) to operate your business? If so a have the license/permit(s); or when do you plan on obtaining the license/permit(s)? Are there es associated with the license/permit(s)?
ou have any customers who have already committed to purchasing your service or product?
is your plan to acquire and retain customers? Please give specific examples of how you plan to et your business such has hanging up flyers in community spaces, internet ads, local ads, etc.

BENEFICIARY NAME (PLEASE PRINT):
Self-Employment and Benefits Eligibility
A person's eligibility for Supplemental Security Income (SSI), Medical Assistance (MA), and other benefits programs (such as SNAP "food stamps" or Section 8) can be affected by income from self-employment. Countable income reduces an SSI recipient's SSI benefit dollar for dollar. Other assistance programs usually have income limits, and a person with countable income over a program' income limit would not be eligible for that program. The rules to calculate countable income vary depending upon the exact circumstances of the earner's employment and the specific program providing benefits.
The Good Shepherd Fund does not provide advice about how self-employment will affect your benefits. You may wish to discuss your plans with someone who can provide you with advice, such as an attorney. The agencies you receive benefits from also may be able to tell you how your earnings with affect your benefits. If you rely upon information given to you by a benefits agency, it may be helpful to verify the information, and to keep records of whom you spoke to and what you were told.
Successful business operators learn about and comply with the laws that govern them. They also keep good records of money their businesses receive and spend. This is important for reporting income to taxing authorities as well as to benefits agencies.
By my signature below, I certify that I have read and understand this information. I understand that countable income can affect my benefits eligibility, and I agree that The Good Shepherd Fund is not responsible for any changes to my benefits eligibility caused by my employment or self-employment. I agree to research and follow the laws applicable to my business venture, and I understand that it is my responsibility to investigate the effect of my self-employment upon my benefits eligibility.
BENEFICIARY SIGNATURE DATE