



PRE-APPLICATION FORM

First Community Capital 3700 Sixth Street Riverside, CA 92501

520-465-0976

Contact Information

Form with fields: Last Name, First Name, MI, Application Date, Mailing Address, City, State, Zip Code, Residence Address, City, State, Zip Code, DOB, SSN#, Home Phone Number, Phone Number, Cell Number, Email Address, Web Address

Please provide the names of two people who you know and can relay a message from FCC

Form with fields: Name, Phone #, Relation (repeated for two contacts), Business Name, Business Phone Number, Business Fax Number, Business Address, City, State, Zip Code

Household Information

Form with fields: Ethnicity (checkboxes for American Indian, African American, Native Hawaiian, Asian, Hispanic/Latino, White, Other), Gender (checkboxes for Female, Male), Veteran Status (checkboxes for Vietnam Era, Veteran, Non Veteran), Do you have a disability (checkboxes for Yes, No), Marital Status (checkboxes for Single, Married), Are you currently receiving any assistance (checkboxes for Yes, No), Total Number in Household, Last Year's Annual Gross Income, How much did you save last year

Employment Information

Form with fields: Employment Status (checkboxes for FT Self Employed, FT Emp, Seasonal Emp, Unemployed), (FT ≥35 Hours/Week, PT Self-employed, PT Emp), Annual Wage at Job, Don't Know

Form with fields: Insurance Information (Do you have Health Insurance, Source of Health Insurance), Business Information (Do you currently own a business?, Women Owned?), Please describe the health insurance coverage for the other member's of your household (not including yourself), Organization Status, Date Business Started

Business Features

Form with fields: Is this business full time? (checkboxes for FT ≥ 35 hours/week, FT, PT, Seasonal), Please Describe Your Business, If Possible provide your business NAICS Code

Employee Information

Form with fields: Do you have paid employees (checkboxes for No, Yes), If yes Total number of paid employees in the last 12 months (FT≥35hrs/Week), Full Time, Part Time, Seasonal/Temporary

Finance Information

Form with field: Last Year's Gross Sale \$

Client Acknowledgment

I request management assistance services from FCC, I agree to cooperate should I be selected to participate in surveys designed to evaluate FCC services. I permit FCC or its agent the use of my name and address for FCC surveys and information mailings regarding FCC products and services (Yes No). I understand that any information disclosed will be held in strict confidence. (FCC will not provide your personal information to commercial entities). I authorize FCC to furnish relevant information to the assigned staff member(s). I further understand that the staff member(s) agrees not to recommend goods or services from sources in which he/she has an interest. In consideration of the staff member(s) furnishing management assistance, I waive all claims against FCC 1personnel, and that of its Resource Partners and host organizations, arising from this assistance