

How to Complete and Sign a Fillable PDF Form

Option 1: on Computer – Online

Use only the latest version of **Adobe Reader**® to complete fillable PDF forms. Mac and Windows versions of the free Adobe Reader are available from **Adobe**®. Click [here](#).

1. Before completing the document save the form (PDF format) to a location on your computer.
2. Open the PDF form and begin filling it in by typing your information directly into the document.
3. When you are done, on the right-hand side, select Fill & Sign.
4. Select Sign in the Fill & Sign menu.
5. Choose Add Signature or Add Initials.
6. You can draw your signature draw with your trackpad, with a mouse, or import your signature from a photo.
7. If you're on a Surface device, you can use your Surface Pen to write your signature in the field. After you have completed the form, save a final version of the file to your computer.

Option 2: Adobe Fill & Sign App® – for Android and iOS devices

Download the **Adobe Fill & Sign**® app from the Play Store or Apple App Store.

1. Select your PDF and open using **Adobe Fill & Sign**®.
2. Enter the required information into the text fields.
3. Adjust the text size to fit the text field size.
4. Select the fountain pen icon to create a signature or initials.
5. Use your finger to draw your signature above the blue line.
6. Tap the fountain pen again and select your signature.
7. Drag and scale your signature.
8. Select the share icon to save or share your PDF.

Option 3: Print and Complete by Hand

Submission Options *(including needed documentation)*:

Email: tara.coffman@tccaction.com Subject Line: Community Services

Drop-off or Mail to:

Crow Wing County – (218) 454-2595 · 2410 Oak St., Brainerd

Morrison & Todd County – (320) 632-3691 · 609 13th Ave. NE, Little Falls

Fax: (320) 639-0042

1. Contact CLC College – Small Business Development Center – (218) 855-8175 for Business Plan Development.
2. Complete Section 1: Self-Employment Program Application (Pgs. 1-5).
3. Complete Section 2: Self-Employment Program Income Verification (Pg 6).
4. Return Business Plan, Self-Employment Program Application, a Copy of Last Year’s Income Tax Form, and Photo Identification to TCC Action Partnership.

Section 1: Self-Employment Program Application

Applicant Information:				*Use Status Codes Below			
Full Name			Date of Birth		Phone Number(s)		Receive Texts? Y N
Mailing Address			City, State & Zip Code		Email Address		
Current Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Homeless <input type="checkbox"/> Other (Please Explain)							
Length of Time at Current Address				Length of Time in This Community			
Marital Status*	Gender M F		US Citizen Y N		Race*		Hispanic Y N
							Disabled Y N
							Military Status*
Health Insurance Type*	MN Driver’s License Y N		Highest Grade Completed*		Vocational Training, Degree, Skill, or Trade		
Family Type <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Other (Specify):						How Many People Live in Household	

Status Codes				
Marital M = Married S = Single D = Divorced W = Widowed	Insurance N = None P = Private / Direct Purchase V = VA MC = Medicare MD = Medicaid/ MA E = Through Employer O = Other (Please Explain)	Work FT = Full Time PT = Part Time Mig. = Migrant, Seasonal, or Farmer R = Retired U = Unemployed *If unemployed please specify long-term (more than 6 months), Not in labor force, or short-term (less than 6 months)	Race N = American Indian/Alaskan B = Black/African American P = Hawaiian or Pacific A = Asian W = White M = Bi-racial or Multi-Racial O = Other (Please Explain)	Grade Level 0-8 9-12 = No diploma GED HSG = Graduated Some College 2-year or 4-year Degree
Military NA = No Affiliation A = Active NG = National Guard / Reserved V = Veteran				

Children/ Other Household Member Information:									*Use Status Codes Above	
1.										
Full Name		Date of Birth / /	Gender M F		Race*	Hispanic Y N	Disabled Y N	Current Grade*	Health Insurance*	Relationship
2.										
Full Name		Date of Birth / /	Gender M F		Race*	Hispanic Y N	Disabled Y N	Current Grade*	Health Insurance*	Relationship
3.										
Full Name		Date of Birth / /	Gender M F		Race*	Hispanic Y N	Disabled Y N	Current Grade*	Health Insurance*	Relationship
4.										
Full Name		Date of Birth / /	Gender M F		Race*	Hispanic Y N	Disabled Y N	Current Grade*	Health Insurance*	Relationship
5.										
Full Name		Date of Birth / /	Gender M F		Race*	Hispanic Y N	Disabled Y N	Current Grade*	Health Insurance*	Relationship



Job History:			*Use Status Codes on Pg 1
Work Status*	If Working, What is Your Job	In Not, For What Reason is Your Unemployment	Have You Ever Owned Your Own Business? Y N

Public Assistance					
Currently Receiving MFIP Y N	MFIP Case Number	Currently Receiving General Assistance Y N	Duration of Gen'l Asst. ____(Months) ____ (Years)	Currently Receiving Food Support Y N	Currently Receiving Medical Assistance Y N

Service Provider Experience
Check The Agencies Or Programs Used In The Past <input type="checkbox"/> Rural MN CEP <input type="checkbox"/> Workforce Center <input type="checkbox"/> Family Services <input type="checkbox"/> Small Business Development Center
Check The Tri-County Community Action Program (TCC) Used in The Past <input type="checkbox"/> Head Start <input type="checkbox"/> Weatherization <input type="checkbox"/> Family Loan <input type="checkbox"/> Self Employment
<input type="checkbox"/> Other (Specify): _____

Household Income Information		*MONTHLY Gross Amount Received	
<input type="checkbox"/> <u>Employment</u> Received By: _____ Amount: \$ _____ Received By: _____ Amount: \$ _____	<input type="checkbox"/> <u>Pension</u> Received By: _____ Amount: \$ _____		
<input type="checkbox"/> <u>Unemployment</u> Received By: _____ Amount: \$ _____	<input type="checkbox"/> <u>SSI</u> Received By: _____ Amount: \$ _____		
<input type="checkbox"/> <u>MFIP</u> Received By: _____ Amount: \$ _____	<input type="checkbox"/> <u>Social Security</u> Received By: _____ Amount: \$ _____		
<input type="checkbox"/> <u>Food Support</u> Received By: _____ Amount: \$ _____	<input type="checkbox"/> <u>Child Support</u> Received By: _____ Amount: \$ _____		
<input type="checkbox"/> <u>General Assistance</u> Received By: _____ Amount: \$ _____	<input type="checkbox"/> <u>Other</u> Received By: _____ Amount: \$ _____		

Household Maintenance Costs		*List the Estimated Average Monthly Cost of Each Applicable Expense Item					
Mortgage Payment	\$ _____	Telephone	\$ _____	Personal Spending	\$ _____	Drugs/Sundries	\$ _____
Real Estate Taxes	\$ _____	Trash Collection	\$ _____	Groceries	\$ _____	Recreation	\$ _____
Rent	\$ _____	Cable TV	\$ _____	Restaurant Meals	\$ _____	Property Ins.	\$ _____
Gas	\$ _____	Car Payment	\$ _____	Daycare	\$ _____	Health Insurance	\$ _____
Electricity	\$ _____	Car Ins.	\$ _____	Clothing	\$ _____	Life Insurance	\$ _____
Other Fuel	\$ _____	Car Maintenance	\$ _____	Laundry	\$ _____	Mthly Debt Payments	\$ _____
Water/Sewer	\$ _____	Car Gas/Oil	\$ _____			Other (Specify)	\$ _____

Credit Information

List the Requested Information Below for All Your Outstanding Debts, Including Mortgages, Car Loans, Other Loans, Charge Accounts, Utilities, or Other Creditor Payment Plans.

Creditor	Type of Debt	Account Name	Balance	Monthly Payment	Past Due Y/N

Bank Name: _____ Address: _____	Checking Acct #: _____ Savings Acct #: _____ Loan #: _____
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Bank Name: _____ Address: _____	Checking Acct #: _____ Savings Acct #: _____ Loan #: _____
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Have You Ever Had Past Due Account Turned Over to A Collection Agency Within the Past Seven Years Y N
Which Agency, What Was the Source, Amount of Debt, and Outcome:

Do You Have Unsatisfied Judgements for Debts Against You Y N What is the Amount of the Judgement(s) \$

Have You Declared Bankruptcy Within the Last Ten Years Y N If Yes, What Date

Personal Reference

Name	Address	Phone #
Name	Address	Phone #

Credit Reference

Name	Address	Phone #
Name	Address	Phone #

Business Information		
Answer ALL Business Concept Questions as Completely as Possible. If No Decision Has Been Made Yet on an Item, or Still Considering More Than One Option, Indicate That Fact.		
What Kind of Business Do You Want to Start (or Expand)		
Are You Currently Operating This Business Y N	If Yes, How Long Have You Been Operating	If No, How Long Have You Been Interested in This Business Possibility
What Kind of Experience or Training Do You Have That Relates to This Business		
What Specific Goods or Services Will You Offer		
What Kind of People/Firms Will Be Your Major Customers		
Who Will Be Your Major Competition		
How Large of a Geographic Area Will You Serve		
Where Will You Operate This Business <input type="checkbox"/> In Your Home <input type="checkbox"/> In Other Buildings on Your Property <input type="checkbox"/> In a Rental Commercial/Industrial Building <input type="checkbox"/> Other (Specify) _____		
In Which City/Township and County Will You Be Located		
What is Your Estimate of the Total Costs to Get Started in This Business		
What Specific Property Improvement, Equipment, Inventory, and Other Purchases Will You Need to Get Started (Estimate Costs if Can)		
Do You Have Any Personal Funds, Tools, Or Equipment, Which Will Be Contributed to the Business Y N Specify: _____		
Will This Business Be <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Undecided		
Who Will the Owners of the Business Be (List Names, Percentage of Ownership, if Known, and Investment Amount/Type (If Any))		
Name	Percentage of Ownership	Investment Amount/Type
Name	Percentage of Ownership	Investment Amount/Type
Name	Percentage of Ownership	Investment Amount/Type
Will This Business Require Employees Y N If Yes, How Many		

IMPORTANT – APPLICANT MUST READ BEFORE SIGNING

_____ I certify that the following information provided **throughout** this application is true and correct to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification.

_____ I allow the release of the information for verification purposes and understand that it will be used to determine eligibility.

_____ I also acknowledge that by supplying my email address I agree to receive emails regarding TCC programs and services.

_____ I authorize TCCAP to obtain a tri-merged consumer credit report. I understand TCCAP intends to use the credit report for the purposes of confirming my residency address, verifying other credit information, including past and present mortgages, and evaluating whether my income is eligible to support the loan for which I have applied. I understand that in conjunction with the tri-merged credit report they may ask me to verify past and present employment earnings records, bank accounts, stockholdings, and any other asset balances required to process the loan application. I understand the credit report obtained is to be used solely in the processing of the loan application and that this information may only be shared with other agencies that have a direct connection with the processing of the loan application. I understand credit inquiries have the potential to impact my credit score. It is understood this tri-merged credit report will be retained on file by TCCAP along with all other loan application documents. This authorization expires 120 days from the date indicated below.

Signature: _____ **Date:** _____

Section 2: Self-Employment Program Income Verification

Applicant Information			
Full Name	SSN#	Phone Number	Work Number
Mailing Address	Unit	City, State & Zip Code	
Spouse's Name	SSN#	Phone Number	Work Number
List the Total # of Persons in Your Household:			

Household Size	Income Limit
1 Person	\$29,160
2 Persons	\$39,440
3 Persons	\$49,720
4 Persons	\$60,000
5 Persons	\$70,280
6 Persons	\$80,560
7 Persons	\$90,840
8 Persons	\$101,120
For family units of more than 8 members, add \$5,140 for each additional member	

IMPORTANT – APPLICANT MUST READ BEFORE SIGNING

By signing this document, I certify that there are _____ persons in my household and that we have a combined total annual income from all sources of \$ _____, which is not more than the income limit listed above for my household size.

Signature: _____ **Date:** _____

Return This Page, **Along with A Copy of Your Last Year's Income Tax Forms**, To
Verify Your Income and See If You Qualify for This Program.

Do not hesitate to contact the Community Service Department at 888-441-7215 if you have any questions.

Applications and documents can be returned via mail, email, drop-off, or fax. Copies of supporting documents can be made at any office one of our offices:

Crow Wing County – (218) 454-2595 tara.coffman@tccaction.com 2410 Oak St., Brainerd
Morrison & Todd County – (320) 632-0558 maxine.potter@tccaction.com 609 13th Ave. NE, Little Falls
 Fax: (320) 639-0042