



# Becky Nelson New Beginnings, Inc.

*Planting seeds for self sufficiency*

10612-D Providence Road #206  
Charlotte, NC 28227  
P: 704-426-3239  
W: bnnewbeginnings.org

## Application for Partnership

### NOTES:

1. To be considered for assistance, you must answer all questions and complete all sections of the application form. If a question doesn't apply to you, please indicate "N/A."
2. If you have any questions about completing this form, please call 704-426-3239 to speak with a BNNB representative.
3. You may refer to the BNNB website, bnnewbeginnings.org, to learn more about BNNB Partnership and candidacy guidelines.
4. If you need more space, you may attach extra sheets or use the back of the application.

First Name		Middle Initial	Last Name		Suffix
Street Address			City	State	ZIP
Home Phone	Cell Phone		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address					
Referral Source					
<b>Availability</b>					
What days/hours are you available to meet with the advisory board about your application?					
Monday _____	Tuesday _____	Wednesday _____	Thursday _____		
Friday _____	Saturday _____	Sunday _____			
<b>Education</b>					
Circle highest grade completed: 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4					
<b>Family</b>					
How many people live in your household? _____					
Are you head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____					
What are the ages of your dependant children? _____					
<b>Answering YES to the following questions does not automatically disqualify you from assistance:</b>					
Are you legally authorized to live/work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever pled "guilty" or "no contest" to a crime or been convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, give date and details: _____					
Total Amount of Loan Request :\$ _____					
Expected monthly repayment amount:\$ _____					
Length of repayment amount (6 months, 1 year, 2 years): _____					
Any outstanding utility bills? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, give details (where/how much): _____					
Any prior evictions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, give details (when and how much owed): _____					

**WORK HISTORY ONE**

<b>Employer</b>		Phone Number
Address		
Supervisor's Name		Supervisor's Phone Number
Position	Hours _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	
Pay Rate \$ _____ <input type="checkbox"/> per Hour <input type="checkbox"/> Salary <input type="checkbox"/> +Tips	Frequency of Pay	
Employment Dates (From—To)		
Reason for Leaving		

**WORK HISTORY TWO**

<b>Employer</b>		Phone Number
Address		
Supervisor's Name		Supervisor's Phone Number
Position	Hours _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	
Pay Rate \$ _____ <input type="checkbox"/> per Hour <input type="checkbox"/> Salary <input type="checkbox"/> +Tips	Frequency of Pay	
Employment Dates (From—To)		
Reason for Leaving		

**WORK HISTORY THREE**

<b>Employer</b>		Phone Number
Address		
Supervisor's Name		Supervisor's Phone Number
Position	Hours _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	
Pay Rate \$ _____ <input type="checkbox"/> per Hour <input type="checkbox"/> Salary <input type="checkbox"/> +Tips	Frequency of Pay	
Employment Dates (From—To)		
Reason for Leaving		

MONTHLY INCOME	MONTHLY EXPENSES	AMOUNT
Monthly Take Home Pay		
Other income (alimony, disability, child support, etc)		
<b>Total Monthly Income</b>		<b>\$</b>
	Cell phone payment	
	Daycare expenses	
	Mortgage/rent payment	
	Credit card payments	
	Auto Loan /Insurance	
	Utilities	
	Other Expenses (please detail)	
	<b>Total Monthly Expenses</b>	<b>\$</b>

**Essay Question: Background**

Please describe your current situation in which you need assistance, and explain how you got there.

**Essay Question: Goals**

Please describe your short and long term goals and dreams.

**Essay Question: Assistance**

Please explain the type of assistance you are requesting from BNNB.

**Essay Question: About You**

Please list anything here that you would like the BNNB board members to know about you and your quest for a new beginning. You are encouraged to complete this question, as your answer will be considered as part of your application.

**Please check all that apply to you:**

- Starting over
- Learning a new skill
- Commencing or launching a new endeavor
- Willing to make the changes necessary to realize your dream
- Opening a new direction or avenue (i.e. changing your life)
- Entering an area of education, employment, or service that will help others
- Lack of resources and/or other places to turn to for support and assistance
- Willing to receive mentoring
- Desire to make the best use of your God-given gifts and talents
- Willing to share experience/resources/support with others once your circumstances are stabilized

Please initial to indicate that you agree to the following statements:

\_\_\_\_\_ "I certify that all the information I have provided in this application is true and correct to the best of my knowledge."

\_\_\_\_\_ "I understand that the BNNB board may require additional information, and that I will be subject to a background check, credit check, and other workplace personality profile."

\_\_\_\_\_ "I authorize the BNNB board to use my story in helping others. I understand that I will be contacted and asked for additional verbal authorization if my name is used by the BNNB board in promoting the BNNB mission in the community and through various media outlets."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date