

## Entrepreneurial Self Assessment Tool One

### 1. Additional Demographic Information

Participant's Name: _____	Preferred Phone #: _____
Email Address: _____	
Street and Mailing Address: _____	
_____	
Type of Drivers License: _____	Access to Transportation: Yes <input type="checkbox"/> / No <input type="checkbox"/>
Number of adults and dependents in household: _____	Ages of Dependents: _____

### 2. What is your story and what significant events have led to your desire to be self-employed?

### 3. What are the top three reasons you want to be self-employed?

### 4. What are the top three areas in which you feel you will need the most help?

### 5. How will you manage the business and what will be your responsibilities day-to-day? and Who can you ask bank, legal, insurance, and accounting questions that may arise?

**6. How will operate the business?** Where will the business be located and what do you know about it (rent, parking, space, etc.)? What products / services will you offer? Will you need to transport the product to the customer and at what cost? What will be your hours of operation? Who will you need as suppliers and what terms can they provide? How many jobs will you create and what will employees be paid? What insurance, licenses, permits, and zoning do you require and what will they cost? Will you register to collect and remit the Harmonized Sales Tax (HST)? How often?

**7. How will you promote the business and your products / services?** What geographic area will you target? Who will be your main customers and do they share any common characteristics? Are there any seasonal peaks and / or valleys to your potential sales? What are your goals and objectives for your business? How will you promote your products / services and what will they cost? What will be your advantage(s) over your competition? What will you charge for your products / services and will you extend credit to customers? Do you have any expansion plans? What and when are they?

**8. What do you need to start the proposed business that you do not already have?**

	<b>Need (Cost including HST)</b>	<b>Want (Cost including HST)</b>
Land and Building(s)	_____	_____
Vehicle(s)	_____	_____
Equipment	_____	_____
Inventory	_____	_____
Leasehold Improvements	_____	_____
Renovations	_____	_____
Miscellaneous Start-up	_____	_____
Working Capital	_____	_____
Total	_____	_____

**How would you describe your credit history? and Why?**

**What is your plan to obtain what you do not already have to start the business?**

**9. What is the personal net worth situation of your household at this time?**

<b>Assets</b>		<b>Liabilities</b>	
Cash	_____	Bank Loan(s)	_____
Life Insurance (Cash Value Only)	_____	Mortgage(s)	_____
Real Estate	_____	Other Liabilities	_____
Automobile(s)	_____	Sub-total (B)	_____
Investments (Cash Value Only)	_____		
Household & Personal Effects	_____	Net Worth (A – B)	_____
Other Assets	_____		
Total (A)	_____	Total (A)	_____

**10. What are your average monthly personal household budget income and expenses: -**

<b>Monthly Income Streams</b>	<b>Self</b>	<b>Spouse</b>
Employment Income	\$ _____	\$ _____
EI Benefits	\$ _____	\$ _____
Income / Social Assistance	\$ _____	\$ _____
Alimony / Child Support	\$ _____	\$ _____
Self – Employment	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____
Worker Compensation Benefit (WCB)	\$ _____	\$ _____
Canada Pension Plan (CPP)	\$ _____	\$ _____
Child Tax Credits	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
Income from Rental Properties	\$ _____	\$ _____
Investment Income / Savings	\$ _____	\$ _____
Family / Parent / Guardian	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Monthly Household Expenses</b>	<b>Amount</b>	
Food	\$ _____	
Clothing	\$ _____	
Rent / Mortgage	\$ _____	
Property Taxes	\$ _____	
Heating Fuel	\$ _____	
Electricity	\$ _____	
Water	\$ _____	
House Maintenance	\$ _____	
Travel & Transportation	\$ _____	
Medical / Disability Needs	\$ _____	
Child Care	\$ _____	
Entertainment	\$ _____	
Debt Payments	\$ _____	
Alimony / Child Support	\$ _____	
Other	\$ _____	
<b>Total Monthly Household Expenses</b>	<b>\$ _____</b>	