



**Refugee Microenterprise Initiative**

Year: \_\_\_\_\_ Cycle: \_\_\_\_\_

**PROGRAM APPLICATION**

(1) Name: Mr. / Mrs. / Ms: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

(2) Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

(3) Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

(4) Fax No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(5) Marital Status:  Married  Separated  Divorced  Widowed  Never Married

(6) Ethnic Background:  African  Middle Eastern  Western European  Eastern European  
 Asian  Latin American  Caribbean  Undetermined

(7) Country of Origin:  USA  \_\_\_\_\_

**If your country of origin is the USA, please disregard questions (8) to (11)**

(8) Date of Entry into the USA: \_\_\_\_\_

(9) Length of Time Resident in USA: \_\_\_\_\_

(10) Immigration Status  Refugee  Asylee  Other

(11) Permanent Resident Card Holder  Yes  No

If Yes, Give Number of Card: \_\_\_\_\_

(Attach Copies of Both Sides to Client Form)

(12) US Citizen  Yes  No

(13) Level of English Language Competency:  Poor  Fair  Good

Very Good  Excellent

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

**For Use By RMI Staff Only**

Application Approved:  Yes  No

Signature of Intake Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Client ID Allocated: \_\_\_\_\_