

## EB-5 Consultation & Evaluation Questionnaire

Please Complete and Fax or Email to office

Last name:	First name:	Middle:	
Address:			
City:	State:	Zip:	
Country of birth:	Social Security:	Date of birth:	
Country of nationality:		Country of residence:	
Telephone:	Cell:	Email:	
Name of Business:		Date established: ___/___/___	
Address:			
City:	State:	Zip:	
Telephone:	Email:	Website:	
Business organized as:		Tax ID:	
Kind of business:			
Position:		Duties:	
Date of initial investment:		Amount: \$	
Salary: \$	Cost of your benefits:\$		
Your total capital invested in business to date: \$		Percentage of business owned:	
County of investment:		State:	
<b>Composition of the Petitioners Investment</b> Total amount in U.S. Bank Account: \$ Total vale of all assets purchased for use in enterprise: \$ Total value of all property transferred from abroad to the new business: \$ Total of all debt financing: \$ Total stock purchases: \$ Other investments: \$ Explain: Total: \$			
Income when you made investment	Gross: \$	Net: \$	
Now	Gross: \$	Net: \$	
Net Worth:	Gross: \$	Net:\$	
Number of full-time employees in the business in the U,S.( Excluding you, your spouse, sons, daughters)			
When you made initial investment?	:	Now:	Difference:
How many of these new jobs were created by your investment	:	How many additional new jobs will be created by your additional investment	:
List spouse and children:			
Full Name	Relationship	Date of Birth	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	