



PANGKABUHAYANG QC APPLICATION FORM



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ID NO. OF VALID ID:	STATUS OF CLIENT:	IF UNEMPLOYED/RETIRED, LAST EMPLOYMENT DATE:
	<input type="checkbox"/> Displaced/Resigned/Reduced Salary Employee	
	<input type="checkbox"/> Laid off OFW	
	<input type="checkbox"/> Micro entrepreneur/ Vendors	
	<input type="checkbox"/> Unemployed Solo Parent	
	<input type="checkbox"/> PWD	

**Complete Name**  
MR./MS.

TITLE/PREFIX	FIRSTNAME	MIDDLENAME	LASTNAME	SUFFIX
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**Category of Potential Entrepreneur**

<input type="checkbox"/> Food (carinderia, restaurant, stall)	<input type="checkbox"/> Retail / Online Selling (clothes, accessories, products, etc.)
<input type="checkbox"/> Logistics (delivery, transportation [FreeBis])	<input type="checkbox"/> Urban Agriculture (JOUF, GrowQCseedling propagation, fertilizer production, aquaculture)
<input type="checkbox"/> Sari-Sari Store	<input type="checkbox"/> Others, please specify:

<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	<b>Date of Birth (mm/dd/yy)</b>	<b>Age</b>
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**Address**

House/BuildingNo./Room&FloorNo./BuildingName	StreetName	Barangay	District
City/Municipality	Province	Region	ZipCode

<b>Living Condition</b> <input type="checkbox"/> Rent/ Lease Household <input type="checkbox"/> Own House <input type="checkbox"/> Living with parents or other relatives	<b>Number of Persons in Household:</b>	<b>Name of Spouse or Live-in Partner:</b>
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**Name of Child/Children:**

**CONTACT DETAILS:**

<b>Telephone Number</b>	<b>Mobile Number</b>	<b>Email Address</b>
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I/We hereby declare and certify that I/we are the data subject and that I/we voluntary provided the Quezon City Government the abovementioned information or data, which are true and correct to my/our knowledge, and that I/we have complied with all laws and regulations governing the establishment, maintenance and operation of my/our business.

I/We hereby further declare that I/we authorize or consent to the collection, recording, organization, storage, use and processing of the data or information herein provided for the purpose of establishing a databank which shall be a source of all information necessary for project monitoring, research and policy studies and informal dissemination campaigns as part of the Pangkabuhayang QC program and mandated by RA 10173 – Data Privacy Act of 2012.

Right Thumbmark  
For PWD

NAME AND SIGNATURE	DATE
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## PANGKABUHAYANG QC APPLICATION FORM



Complete Name  
MR./MS.

TITLE/PREFIX	FIRSTNAME	MIDDLENAME	LASTNAME	SUFFIX
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1. How have you been affected by the COVID-19 pandemic and other typhoons?  
***Paano po kayo naapektuhan ng pandemyang COVID-19 at mga bagyo?***

- ☐ Not affected / *Hindi naapektuhan*
- ☐ Reduced salary / *Kinalatasan ng suweldo*
- ☐ Reduced day/s of work / *Bawasangaraw ng may pasok*
- ☐ Lost job or business / *Nawalan ng trabaho o negosyo*
- ☐ Laid-off from foreign employment (Laid-off OFWs) / *OFW nanawalan ng trabaho*
- ☐ Other, please specify:

2. Were you a beneficiary of the Pangkabuhayang QC (Phase 1) Program? ***Naging benepisyaryo po ba kayo ng programang Pangkabuhayang QC (Phase 1)?***

- ☐ Yes / *Oo*
- ☐ No / *Hindi*

3. Are you an employee of Quezon City Government? ***Ikaw ba ay isang kawani ng Lungsod Quezon?***

- ☐ Yes / *Oo*

What office? *Anong opisina?:* \_\_\_\_\_

Position/ *Posisyon:* \_\_\_\_\_

- ☐ No / *Hindi*

4. If your application were approved, would you be willing to undergo livelihood training before receiving financial assistance?

***Kung tanggapin ang inyong application, sasali po ba kayo sa livelihood training bago makatanggap ng tulong pinansiyal?***

- ☐ Yes / *Oo*
- ☐ No / *Hindi*

5. For MICROENTREPRENEURS/VENDORS, are you willing to apply for Mayor's Permit after receiving financial assistance? ***Para sa mga MICROENTREPRENEURS/VENDORS, gusto po ba ninyong kumuha ng Mayor's Permit?***

- ☐ Yes / *Oo*
- ☐ No / *Hindi*

MUNGKAHING PLANONG PANGNEGOSYO

I. PANGKALAHATANG IMPORMASYON (GENERAL INFORMATION)

A. Pangalan ng Aplikante (Name of the Applicant):	
B. Tirahan (Address):	
C. Edad (Age):	
D. Kasarian (Gender)	

II. LAYUNIN (GOAL)

A. Ano ang iyong layunin sa pagtatag ng negosyo? (What are your goals in establishing business?)

III. MGA IMPORMASYON SA NEGOSYO (BUSINESS INFORMATION)

1. Bilang ng mga empleyado (Number of employees):	
2. Lokasyon ng itatayong negosyo. (Place of Business):	
3. Kategoryang Nais Kuhanin (Chosen Category):	<div><div><input type="checkbox"/>Food (carinderia, restaurant, stall) (clothes, accessories, products, etc.)  <input type="checkbox"/>Logistics (delivery, transportation [FreeBis])  <input type="checkbox"/>Sari-Sari Store</div><div><input type="checkbox"/>Retail / Online Selling  <input type="checkbox"/>Urban Agriculture  <input type="checkbox"/>Others, please specify:</div></div>

