

Loan Application

This information helps us better understand those interested in our services and how to better serve them. Your information will be kept completely confidential and will only be used for statistical purposes.

### **Personal Applicant Information**

Applicant name (Last, First, Middle)	name (Last, First, Middle) Social Security Number Birth Date		
Present Street address	City	State	Zip
Number of years at	Residing County	Number of peop	e in Household
above address		(including the applicant)	
Previous address (if less than two years at current address)	City	State	Zip
Home phone	Cell phone		_
E-mail			
Ethnicity	Veteran St	atus	
Hispanic or Latino Non-Hispanic or Latino	Veteran Non-Veteran		
Race			
African American			
Native American			
Asian			
Latino/Hispanic			
Caucasian			
Pacific Islander			
Other (Specify)	<u> </u>		

# **Co-Applicant**

Applicant name (Last, First, Middle)	Social Security Number	Birth Date	
Present Street address	City	State	Zip
Number of years at	County you reside in	Number in Household	
above address		(including the applicant	)
Previous address (if less than two years	City	State	Zip
at current address)			
Home telephone	Cell telephone		
E-mail			
Ethnicity	Veteran St	atus	
Hispanic or Latino Non-Hispanic or Latino	Vetera Non-V		
Race			
African American			
Native American			
Asian			
Latino/Hispanic			
Caucasian			
Pacific Islander Other (Specify)	_		

ii iio, piease desi	cribe the details:				
Present Employe	er (if applicable)				
Supervisor's Nam	ne:				
Work phone nun	nber:				
Total Household	Income:				
Do you have heal	th insurance?				
f Yes, Name of in	surance provider				
Do you own or re					
Do you own or re	nt your home?				
Do you own or re	nt your home?				
Do you own or re	ent your home?  ge Holder or Landlord contact info	rmation:	Phone Number		
Do you own or re	nt your home? ge Holder or Landlord contact info	rmation:	Phone Number		
Name of Mortgag	ent your home?  ge Holder or Landlord contact info	rmation:	Phone Number	per)	
Name of Mortgag  Name  Personal R  1.	address, city, zip	rmation:	Phone Number  Phone number	per)	
Name of Mortgag  Name  1  2	address, city, zip	address, and	Phone Number  Phone number	per)	

Are you a co-maker, endorser, or guarantor on any loan or contract?
If yes, please explain:
Are all of your financial obligations listed on the Personal Financial Statement?
If no, please attach a listing of additional obligations
Do you have any bills that are more than 30 days past due?
Have you (or your business) ever filed a petition for bankruptcy or creditor protection?
Do you have any judgments or pending judgments against you?
If you have any pending judgments, please explain:
<b>Business Information</b>
Business NamePhone number
Double of Addition
Business Address
Is your business Urban or Rural?
Nature of Business Service Retail Manufacturing Construction IT
Agriculture Other, explain
What are the products or services that your business sells?
How long have you been in business (Please Circle):
Thow long have you been in business (Fleuse circle).
Not Started Less than 1yr 1-2yrs 2+yrs
How many full time employees does your business have on staff?
Is this a woman owned business?
If so, what percentage is owned by a woman (Circle one): Less than 51% 51-99% 100%
Business Formation DateFederal tax ID number/EIN

# **Business Owners**

Name	Position in the Business	% Ownership
1		
2		
Z		
3		
4		
Business References		
Creditor/Vendor Name	Address	Phone Number
1		_
2		
3		
Do you currently have Bank Financing?		
bo you carrently have bank i maneing.		
If yes, please list your loan officer name, phon	e number, and email:	
If yes, list the amount \$		_
What assets are securing this loan?		
Have you previously been denied a business l	pan?	
If Yes, please describe when, the creditor, and	the reasons given:	
		_
Number of current employees:		
	e or Salary \$ Hours worked/ week	
	\$ Hours worked/ week	
	\$ Hours worked/ week	
Family Hourly wage	e or Salary \$ Hours worked/ week	
List the number of projected positions that w	ill be available once you receive the loan:	
Part Time	Full Time	
Please list the days/hours of operation of the	business?	
Is your business seasonal?		
	our business?	

# Business Affiliates (if you do not have one, please write "none")

	,		
Accountant		Attorney	
Name		Name	
Firm			
Banker		Insurance Agent	
Name			
Bank			
In this sec	<u> </u>	what you intend to u	se the loan funds for and provide
	* *		e rental agreements, invoices,
•	contracts, Balance sheet	•	
rrom me	items below, what is the	primary business god	al in obtaining this loan?
Working Cap	ital	Amount	Copies we need:
-Re	ent for new location	\$	Provide copy of lease
-Re	ent for current location	\$	Provide copy of lease
-U	tilities	\$	
-Er	mployee Wages-New Hire	\$	
-E1	mployees Wages-Current	\$	
-O	ther	\$	
Professional	Services (Please attach a copy of pro	ofessional service estimate)	
-IV	larketing	\$	
-At	ttorney	\$	
-A	ccountant	\$	
-Co	onstruction	Ś	

Provide invoice copy

Provide invoice copy

### Equipment

Inventory

-Replace existing equipment \$\_\_\_\_\_

-Other\_\_\_\_\_

-Retail Inventory

-Other

-Production Inventory

-Equipment for expansion \$\_\_\_\_\_

-Other \$\_\_\_\_\_

(Please list specific equipment)		
Purchase of Existing Business/Franchise	\$	Provide purchase agreement
Total Request	\$	_
Note: If request is greater than \$20,000,	, a turndown letter j	from another lender is required.
Have you previously <b>applied</b> for and <b>rece</b>	<b>eived</b> a loan through	h our Revolving Loan Fund?
If Yes, when and for how much	h?	
Have you registered for a DUNS number	for business credit	t reporting purposes?
If yes, please provide your DUNS number	er	
By signing below, you agree this applicati	ion is complete and	accurate to the best of your knowledge.
Company Name		Company Name
By (Applicant's signature)		By (Co-applicant's signature)
Printed Name		Printed Name
		Trifficed Name
Title		Title
Date:		Date: