



COVID-19 Express 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)

Social Security Number

Birth Date

Present Street address

City

State

Zip

Number of years at

Residing County

Number of people in Household

above address

(including the applicant)

Previous address (if less than two years

City

State

Zip

at current address)

Home phone _____

Cell phone _____

E-mail _____

Ethnicity

Hispanic or

Latino

Non-Hispanic or

Latino

Veteran Status

Veteran

Non-Veteran

Race

African American

Native American

Asian

Latino/Hispanic

Caucasian

Pacific Islander

Other (Specify) _____

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

Hispanic or
Latino

Non-Hispanic or
Latino

Veteran Status

Veteran

Non-Veteran

Race

African American

Native American

Asian

Latino/Hispanic

Caucasian

Pacific Islander

Other (Specify) _____

Are you current on your Federal and State taxes? _____

If no, please describe the details: _____

Present Employer (if applicable) _____

Supervisor's Name: _____

Work phone number: _____

Total Household Income: _____

Do you have health insurance? _____

If Yes, Name of insurance provider _____

Do you own or rent your home? _____

Name of Mortgage Holder or Landlord contact information:

Name

address, city, zip

Phone Number

Personal References (Name, Address, and Phone number)

1. _____

2. _____

3. _____

List any community service involvement activities: _____

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: _____

Business Information

Business Name _____ Phone number _____

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):

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 Date _____ Federal tax ID number/EIN _____

Business Structure (Circle one): **Sole Proprietorship** **S Corporation** **C Corporation** **LLC** **General Partnership** **Limited Partnership**

Business Owners

Name	Position in the Business	% Ownership
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Business References

Creditor/Vendor Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you currently have Bank Financing? _____

If yes, please list your loan officer name, phone number, and email:

If yes, list the amount \$ _____

What assets are securing this loan? _____

Have you previously been denied a business loan? _____

If Yes, please describe when, the creditor, and the reasons given: _____

Number of current employees:

Owner _____ Hourly wage or Salary \$ _____ Hours worked/ week _____

Part time __ Hourly wage or Salary \$ _____ Hours worked/ week _____

Full time __ Hourly wage or Salary \$ _____ Hours worked/ week _____

Family _____ Hourly wage or Salary \$ _____ Hours worked/ week _____

List the number of projected positions that will 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? _____

If yes, please explain: _____

Are your State and Federal taxes current for your business? _____

If no, please describe the details: _____

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

Accountant

Name _____

Firm _____

Banker

Name _____

Bank _____

Attorney

Name _____

Firm _____

Insurance Agent

Name _____

Company _____

Intended Use of Loan Funds

In this section, please write down what you intend to use the loan funds for and provide proper documentation to support it. This could include rental agreements, invoices, estimates, contracts, Balance sheet, Income Statement, etc.

From the items below, what is the primary business goal in obtaining this loan? _____

Working Capital

-Rent for new location

\$ _____

Copies we need:

Provide copy of lease

-Rent for current location

\$ _____

Provide copy of lease

-Utilities

\$ _____

-Employee Wages-New Hire

\$ _____

-Employees Wages-Current

\$ _____

-Other _____

\$ _____

Professional Services (Please attach a copy of professional service estimate)

-Marketing

\$ _____

-Attorney

\$ _____

-Accountant

\$ _____

-Construction

\$ _____

-Other _____

\$ _____

Inventory

-Retail Inventory

\$ _____

Provide invoice copy

-Production Inventory

\$ _____

Provide invoice copy

-Other _____

\$ _____

Equipment

-Replace existing equipment

\$ _____

-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 from another lender is required.

Have you previously **applied** for and **received** a loan through our Revolving Loan Fund? ____

If Yes, when and for how much? _____

Have you registered for a DUNS number for business credit reporting purposes? _____

If yes, please provide your DUNS number _____

By signing below, you agree this application 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

Title

Title

Date: _____

Date: _____