

ECOA Disclosure

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, and age; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

The following answers are voluntary and are requested for the purpose of determining compliance with federal civil rights law and for our own statistical monitoring. Your response to these questions will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.

Please sign your signature at the bottom of the page stating that you have read the information and that a copy of this form has been given to you for your records.

Gender : Male Female
Marital Status: Single Married Widowed Divorced
Ethnicity: African American Asian Hispanic Native American White Other

Additional Optional Borrower questions can be found on the Addendum attached hereto.

The loan applicant herein certifies that:

- To the best of the applicant's knowledge and belief, the data presented in this application is true, complete and correct, and is provided for the purpose of obtaining or maintaining credit.
- Upon approval of the funds requested, the applicant is willing and is duly and legally authorize to enter into a legally binding loan commitment and will comply with all of the provisions and conditions of any loan agreement.
- The applicant hereby authorizes the Loan Committee, its authorized agent and representatives, to investigate the applicant's credit worthiness, credit capacity, or business affairs.
- The applicant hereby authorizes any person, business, and/or financial institution having information pertaining to the applicant's credit worthiness credit capacity, or business affairs to release the same to the Loan Review Committee, its authorized agents or representatives.
- The applicant agrees to hold harmless the Brightpoint Development Fund its officers, agents, and the Brightpoint Development Fund Board members and their respective organizations form liability as a result of actions and outcomes taken during or after the loan review process.

Company Name

By (Applicant's signature)

Printed Name

Title

Date

Company Name

By (Co-applicant's signature)

Printed Name

Title

Date

ECOA

Credit Report Authorization and Release

Authorization is hereby granted to Brightpoint Development Fund to obtain a standard factual data credit report through a credit reporting agency chosen by Brightpoint Development Fund.

My signature below authorizes the release to the credit-reporting agency a copy of my credit application and authorizes the credit-reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgage, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above-mentioned information

Any reproduction of this credit report authorized and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Applicant signature

Date

Social Security Number

Birth date

Co Applicant signature

Date

Social Security Number

Birth date

Addendum of Additional Borrower Information

The Brightpoint Development Fund Board may find the following questions helpful in assessing the strength of the applicant.

Have you ever committed a felony?

Yes No

If yes, please describe _____

Are you currently on probation?

If yes, name of the probation officer (PO) _____

Expected length of probation period _____

Telephone number of your PO _____

Are you current on child support?

Yes No

I Do Not Have Child Support Obligations

How did you hear about the Brightpoint Development Fund? (Please Circle)

ISBDC NIIC Brightpoint Employee Website Family/Friend SCORE CDC UEA

Bank _____

Community Event _____

Background Check Authorization and Release

If the Brightpoint Development Fund board wishes to conduct a background check on the applicant, the following form should be used:

I, _____, hereby authorize Brightpoint Development Fund to investigate my background and qualifications for purposes of evaluating my loan application. I understand that Brightpoint Development Fund will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Applicant signature

Date

Social Security Number

Birth date

Co Applicant signature

Date

Social Security Number

Birth date

Brightpoint
Background check authorization form

I authorize Brightpoint to request and/ or order my background report, including investigative consumer reports. I understand that Brightpoint may rely on this authorization to request and/or order additional background check reports, including consumer reports for the purpose of obtaining a loan and throughout the life cycle of the loan, should I receive a loan. I agree to immediately notify Brightpoint if I should be convicted of any crime during the course of seeking a loan through Brightpoint and during the life cycle of the loan. In addition I authorize Brightpoint to request the following background checks: Criminal history, BMV (Bureau of Motor Vehicle), Sex Offender, CPS (Child Protective Services) Educational and reference checks. I understand that the information obtained by Brightpoint will be used solely for the purpose of obtaining a loan and may be used throughout the life cycle of the loan.

Full Legal Name: (Print) _____
Nick Name: _____ Adoptive Name: _____
All other first or last names used: _____
Full Address: _____
Date of Birth: _____ Social Security number: _____
Gender: M or F Race: _____
Do you have a valid Driver's License? _____ What State? _____
Driver's License number _____
State in which you were born: _____
What Country are you a Citizen? _____
If you were not born in the USA, what Country were you born in? _____

List the complete addresses where you have lived in the past 7 years

1) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

2) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

3) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

4) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

*****Signature:** _____

*****Date:** _____



Authorization to Release Information

Applicant's Name: _____

Applicant's Address: _____

Business Name: _____

Date of Birth: _____

Applicant's Social Security Number Last 4 Digits: _____

I hereby authorize Brightpoint's Community Development Fund to release any and all documents regarding my current loan application; including but not limited to those documents required or submitted by the applicant or documents created by Brightpoint and its assignees as a part of the loan approval process.

This information can be released to the following individuals/organizations throughout the loan process without any additional approval beyond this letter. Please use a separate release form for each person / organization you wish information to be released to.

Name: _____

Address: _____

Email Address: _____

Phone: _____

I understand that my authorization will remain effective from the date of my signature until the loan is closed or denied and that the information will be handled confidentially in compliance with Brightpoint's Confidentiality Policy.

I understand that I may see the information that is to be sent and that I may revoke the authorization at any time by written, dated communication. This communication can be emailed to Bdf@mybrightpoint.org or mailed to Brightpoint Headquarters, 227 E. Washington Blvd, Fort Wayne, Indiana 46853, and ATTN: Loan Specialist.

I have read and understand the nature of this release.

Signature of Loan Applicant

Date

Witness

Date