

Microloan Application

(Loans \$50,000 or less)

Loan Information

Requested Loan Amount: \$ _____ How soon do you need funds (Month/Year): _____

Purpose of Funds: (Provide as much detail as possible)

Dollar Amount	Purpose of Funds (Details)

If you do not qualify for the full amount, what is the minimum loan amount? \$ _____

How did you hear about us? _____

Have you borrowed with us before? Yes No

Applicant Business Information

Business Name: _____ Employer Identification No: _____

Business Ownership Structure:

- Sole Proprietorship Corporation General Partnership
 Limited Partnership Limited Liability Company Non-Profit

Location Type:

- Home Storefront Market Office Other

Operating Time of Business:

- Full-Time Part-time Seasonal

Start of Business (Month/Year): _____

Industry: _____

Description of Business: _____

Years of Experience: _____

Business Contact Information

Main Phone: _____

Mobile Phone: _____

Other: _____

Fax: _____

Email: _____

Website: _____

Business Practices

Do you have a separate business account? Yes No Average Balance: _____

Do you have outstanding merchant cash advance? Yes No Amount: _____

Physical Business Address

Is the physical address the mailing address? Yes No If no, specify below.
 Street: _____ County: _____
 City: _____ State: _____ Postal Code: _____
 Time at Location (Month/Year): _____
 Mailing Address:
 Street: _____ County: _____
 City: _____ State: _____ Postal Code: _____

Business Income (per month)

Business Expenses (per month)

Actual Projected

Average Month Gross Sales	\$	Cost of Goods Sold	\$
Other Monthly Income (optional)	\$	Business Rent or Mortgage	\$
		Payroll (besides yourself)	\$
		Utilities	\$
		Credit Cards, Vehicle, and Other Loans	\$
		Insurance, Gasoline, Misc.	\$
Total	\$	Total Expenses	\$

Type of financial records: None Some Formal Professional

Business Assets

Asset Description	Market Value	Own Free and Clear	Use as Collateral
	\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Business Liabilities

Liability Description	Lender Owed	Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____ Business Title: _____
 _____ Percentage of Ownership: _____
 Main Phone: _____ Mobile Phone: _____
 Fax: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Driver's License Number: _____ Driver's License State: _____

Home Address

Is the physical address the mailing address? Yes No If no, specify below.
 Street: _____ County: _____
 City: _____ State: _____ Postal Code: _____
 Mailing Address:
 Street: _____ County: _____
 City: _____ State: _____ Postal Code: _____
 Time at Location (Month/Year): _____ Rent Own

Personal Net Income (per month)

Personal Expenses (per month)

Monthly Take-home from Business	\$	Food and Clothing	\$
Spouse's Income	\$	Utilities	\$
Applicant's Employment Income	\$	Education and Childcare	\$
Any Other Income	\$	Vehicle and Other Loans	\$
		Credit Cards	\$
		Insurance, Gasoline, Misc.	\$
		Home Rent or Mortgage	\$
		Child Support/Alimony	\$
		Other	\$
Total Income	\$	Total Expenses	\$

Do you have a bank account? Yes No If yes, please specify below.
 Account type: Checking Savings Both
 Purpose of Account: Personal Business Both

Co-Applicant Information: (Everyone that own 20% or more must be a co-applicant)

First Name: _____ Middle Name: _____ Last Name: _____ Business Title: _____
 _____ Percentage of Ownership: _____
 Main Phone: _____ Mobile Phone: _____
 Fax: _____ Email: _____
 Social Security Number: _____ Date of Birth: _____
 Driver's License Number: _____ Driver's License State: _____

Impact

Is your business environmentally friendly? Yes No If yes, please specify below.

How does it benefit the environment? Select one: <input type="radio"/> Energy Conservation through reduction of use or other measures (i.e. gas, oil, electricity) <input type="radio"/> Energy efficiency improvements to facility or production process <input type="radio"/> Organic Products increased production, cultivation, or use (food, compost, material) <input type="radio"/> Renewable energy generated (biofuel, geothermal, solar, wind) <input type="radio"/> Toxic substances reduced, reused, recycled, or eliminated <input type="radio"/> Waste products reduced, reused, recycled, or eliminated <input type="radio"/> Water quality preservation <input type="radio"/> Water use reduction <input type="radio"/> Other: _____	How do you measure impact? Select one: <input type="radio"/> Energy use monitored from billing statement/usage <input type="radio"/> Energy cost reduced <input type="radio"/> Organic product utilization for cultivation or production <input type="radio"/> Renewable energy generation calculated <input type="radio"/> Waste and/or toxic substances reduced through pounds or gallons <input type="radio"/> Water use and/or cost reduced through billing statements <input type="radio"/> Other: _____
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Current Employees

Number of full-time employees: _____

Number of part-time employees: _____

Future Employees

Number of full-time jobs in 1 –2 years: _____

Number of part-time jobs in 1 – 2 years: _____

Optional Information

Are you or your spouse a veteran: Yes No **Gender:** Male Female

Ethnic Background:

American Indian or Alaska Native Asian White Hispanic or Latino

Black or African American Native Hawaiian or Pacific Islander

Other: _____

Marital Status: Single Married Divorced

Years of Education: _____

Number in Household: _____

Do you have any credit issues you would like to disclose? Yes No If yes, please specify below.

I attest that all of the information on this application is true. I authorize Fresno CDFI to investigate and verify the above information, and contact any references regarding this application. I also authorize Fresno CDFI to perform a credit check, which may include obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors from time to time, as authorized by law. The release of all information by Fresno CDFI, in any manner, is hereby authorized whether such information is of record or not and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information. I understand that Fresno CDFI will retain this application whether the loan is approved or denied and that I can appeal Fresno CDFI decision if the loan is denied.

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

EQUAL CREDIT OPPORTUNITY ACT

Fresno CDFI is an Equal Credit Opportunity Lender. If we take adverse action on your application for credit, you have the right to a statement of specific reasons as to why we took such adverse action within 30 days if you request the statement within 60 days of our notification. You may contact Fresno CDFI at 559 263-1351 or by mail to 1920 Mariposa Mall, Ste. 320, Fresno, CA 93721 to obtain the statement of reasons. The federal Equal Credit opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); 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 Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers Fresno CDFI's compliance with the Equal Credit Opportunity Act.