**Name:** Click or tap here to enter text. **Business:** Click or tap here to enter text.

**MICROLOAN APPLICATION**

**Business Recovery Fund**

****

**PART 1: PERSONAL INFORMATION:**

|  |  |  |
| --- | --- | --- |
| Full Name: Click or tap here to enter text.  Home phone: Click or tap here to enter text.  Mobile phone: Click or tap here to enter text.  Email: Click or tap here to enter text. | | |
| **Street Address**  Click or tap here to enter text.    City  Click or tap here to enter text.  State & Zip Code Click or tap here to enter text.  How long at this address? Click or tap here to enter text.  Previous address (if less than a year at current address):  Click or tap here to enter text. | | **Marital Status:**  Married Partnered  Single Separated    Divorced Widowed |
| **List number of dependents:**Click or tap here to enter text.  **Total Annual Household Income \***Click or tap here to enter text.  *\*For all wage earners living in your household* | | |
| **Current Employer (if not self-employed)**  Click or tap here to enter text.  Street address:  Click or tap here to enter text.  City:  Click or tap here to enter text.  State & Zip:  Click or tap here to enter text.  Telephone:  Click or tap here to enter text.  Position:  Click or tap here to enter text.  Dates held:  Click or tap here to enter text. | **Previous Employer**  Click or tap here to enter text.  Street address:  Click or tap here to enter text.  City  Click or tap here to enter text.  State & Zip:  Click or tap here to enter text.  Telephone:  Click or tap here to enter text.  Position:  Click or tap here to enter text.  Dates held:  Click or tap here to enter text.  Reason for leaving:  Click or tap here to enter text. | |

**Personal Finances**

**Permission for CIC to obtain your consumer credit report**

|  |
| --- |
| **Applicant Signature**  Click or tap here to enter text.  Today’s date  Click or tap to enter a date.  Social Security Number  Click or tap here to enter text.  Date of birth  Click or tap to enter a date.    **Co-applicant Signature** Click or tap here to enter text. Today’s date   Click or tap to enter a date.  Social Security Number  Click or tap here to enter text.  Date of birth Click or tap to enter a date.  Home Address Click or tap here to enter text. |

*The undersigned hereby authorizes Community Investment Collaborative to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein, and to determine credit-worthiness*.

Have you ever declared bankruptcy or had any judgments recorded against you?

If yes, explain the circumstances.

Yes No

Explanation:

Click or tap here to enter text.

Do you owe any delinquent taxes? If yes, please list the type of taxes you owe and the amount.

Yes No

Explanation:

Click or tap here to enter text.

**Personal Budget Statement**

Please tell us about your **monthly** income and expenses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSEHOLD INCOME** | Monthly Amount | **EXPENSES** | Monthly Payment | Balance Owed |
| From the business: | Click or tap here to enter text. | Rent/Mortgage: | Click or tap here to enter text. | Click or tap here to enter text. |
| From other jobs: | Click or tap here to enter text. | Utilities: | Click or tap here to enter text. | Click or tap here to enter text. |
| Spouse/Partner income | Click or tap here to enter text. | Food & Clothing | Click or tap here to enter text. | Click or tap here to enter text. |
| Other income: | Click or tap here to enter text. | **Vehicle expenses**  Fuel:  Insurance:  Loans: | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  | **Other Debts**  credit cards:  other loan:  other: | Click or tap here to enter text. | Click or tap here to enter text. |
| ***Total Monthly Income:*** | $Click or tap here to enter text. | ***Total Monthly Expenses:*** | $  Click or tap here to enter text. | $ Click or tap here to enter text. |
| **Additional comments**  Click or tap here to enter text. | | | | |

**PART 2: BUSINESS INFORMATION**

|  |
| --- |
| Business Name:  Click or tap here to enter text. |
| Business address  Click or tap here to enter text. City Click or tap here to enter text.     State & Zip Click or tap here to enter text.  Phone: Click or tap here to enter text.  Website: Click or tap here to enter text.   Social Media: Click or tap here to enter text. |
| Is this a new business?  Yes  No Date established Click or tap to enter a date.    Current annual revenues Click or tap here to enter text.  Business structure  Sole Proprietor Partnership  LLC  S Corp C Corp Nonprofit  *If the business is a partnership please list all partners’ names and addresses:*  Click or tap here to enter text.  Is there a written partnership agreement? Yes No *If yes, please provide with application*.  State of Incorporation: Click or tap here to enter text.  EIN# Click or tap here to enter text.  DUNS# Click or tap here to enter text.    Current # of full-time staff Click or tap here to enter text.Current # of part-time staff Click or tap here to enter text.  This business operates  full-time part-time seasonal |
| Check each that is true for this business:  at least 51% owned by an individual who is a racial minority  at least 51% owned by a woman  at least 51% owned by a socially disadvantaged individual who has been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group. Please identify group: Click or tap here to enter text. |
| Please check if you have received more than $5000 in financial assistance (loans or grants) from any COVID related program since March 1, 2020:  SBA Paycheck Protection Program  SBA Economic Disaster Injury Loan Program  Other state or nonprofit program |
| State Tax ID Click or tap here to enter text.  Federal Tax ID Click or tap here to enter text.  Business License Number Click or tap here to enter text. |

Are you an alumni and/or borrower of CIC? Yes No

|  |
| --- |
| Is there anything else you would like us to know about you/your business?  Click or tap here to enter text. |

**PART 3: MICROLOAN REQUEST**

Total Amount requested ($10,000 or less): Click or tap here to enter text.

**HOW WILL YOU USE THE LOAN FUNDS?** \*

|  |  |
| --- | --- |
| **ITEM** | **$ AMOUNT** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

*\*If necessary, attach additional sheets)*

What do you hope to accomplish with this loan?

|  |
| --- |
| Click or tap here to enter text. |

**Collateral to secure the loan**

Describe your existing business assets

|  |
| --- |
| Click or tap here to enter text. |

**Signature**

To the best of my/our knowledge and belief, all the information provided is correct.

Applicant Name (please print): Click or tap here to enter text.

Applicant Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

Co-applicant Name (please print): Click or tap here to enter text.

Co-applicant Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

The undersigned hereby certifies to the best of their knowledge that the enclosed application information including all attachments, exhibits, schedules, and supporting documents are valid, accurate, correct, and complete as of the stated date(s). These statements are made for the purpose of obtaining a loan. False statements may result in forfeiture of benefits. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business purposes only, and will not be used to pay current debt, general fees related to the preparation of this document, personal or consumer purposes.