



**Building Businesses That Build Communities**

Business Financing Application – Neighborhood Transformation Loan Fund					
Date	Name of Business Seeking Financing (Company)	Date Bus. Est.	Tax ID #	Form of Business	
Contact Person		Street Address		How did you hear about CCV's Program?	Amount Seeking
City		State	Zip Code	Phone Number	Length of Desired Term (In Months and Years)
Fax Number		Email Address		Company's SIC codes 1. _____ 2. _____	
Current Number of Employees (include self if applicable)			How many jobs will be created as a result of this loan?		
<i>Earning &lt; \$9.50/hr</i>	<i>Earning &gt; \$9.50/hr</i>	<i>Total</i>	<i>Earning &lt; \$9.50/hr</i>	<i>Earning &gt; \$9.50/hr</i>	<i>Total</i>
Full-time: _____	Full-time: _____	Full-time: _____	Full-time: _____	Full-time: _____	Full-time: _____
Part-time: _____	Part-time: _____	Part-time: _____	Part-time: _____	Part-time: _____	Part-time: _____
Please list all business owner(s)					
Full Name (first, middle, last)		Address	Social Security Number	Ownership Interest	
_____		_____	_____	_____ %	
_____		_____	_____	_____ %	
_____		_____	_____	_____ %	
Key Management (include self if applicable)					
Key Management (include self if applicable)		Position/Title	Years With Organization	Years of Related Experience	
_____		_____	_____	_____	
_____		_____	_____	_____	
_____		_____	_____	_____	
To strengthen your application please list any proposed guarantor (s) other than the owners with 10% or more ownership who are willing to personally guaranty the loan and/or pledge assets.					
Name		Address	Phone Number	Assets being pledged	
_____		_____	_____	_____	
_____		_____	_____	_____	
Collateral available to secure loan					
Item Description		Value	Source	Asset Type	Address
1. _____		\$ _____	_____	Business <input type="checkbox"/> Personal <input type="checkbox"/>	1. _____
2. _____		\$ _____	_____	Business <input type="checkbox"/> Personal <input type="checkbox"/>	2. _____
3. _____		\$ _____	_____	Business <input type="checkbox"/> Personal <input type="checkbox"/>	3. _____
Affiliates – List below all other businesses in which the applicant company or any of its owners have any ownership interest. Do not include stock held in publicly traded companies.					
Company Name		Owner	% Owned	# of Employees	
_____		_____	_____	_____	

Estimated Project Costs (Please list the uses of funds and their respective amounts)		What is the expected annual draw or salary of the owner(s) in the next two years?		
Purchase of equipment	\$	Name	Year 1	Year 2
Building/Leasehold improvements	\$	1. _____	\$ _____	\$ _____
Purchase of inventory	\$	2. _____	\$ _____	\$ _____
Payoff existing loan	\$	3. _____	\$ _____	\$ _____
Working Capital	\$			
Other debt	\$			
<b>Total Project Costs</b>	\$			
<i>Less owner's investment into project</i>	\$			
<b>TOTAL LOAN REQUEST</b>	\$			

Please provide names, addresses and phone numbers of CPA and Attorney      List your three largest competitors

	Name	Phone Number	Company	
				1.
CPA				2.
Attorney				3.

For the following section please be specific and attach additional sheets as necessary. If these questions are answered in your business plan, you may reference the corresponding page number of the business plan (e.g. see business plan, marketing section, pages 6-7).

Do you provide employee benefits? If yes, describe the nature of those benefits. (i.e. medical, bonus, vacation, flex-time or sick days).

Does your company provide wealth creation among employees? (i.e. 401k, low interest employee loans, investment workshops, etc.)

Does your company have safety policies and procedures in place? If yes, please describe.

What is your level of corporate responsibility? (i.e. support community projects, hire underprivileged workers, recognized as community leader)

Do you have an environmental program in place (i.e. waste management, recycling, biodegradable products, etc)? If yes, please describe.

What type of training do you provide your employees?

**Personal Financial Statement - - - CONFIDENTIAL - - - - continued from Business Financing Application**

Today's Date	Full Name (First, Middle, Last)	Date of Birth	Social Security Number
Home Address	City	State	Zip Code
			Length of Time at this Address
Spouses Full Name	Spouse's Date of Birth	Spouse's Social Security Number	

**Employment Information**

Employer's Name	Employer's Address
Position/Title	Length of Employment

Each business must enclose a personal financial statement for each owner with more than 10% ownership of the business and for any guarantor and/or co-maker. Please make or request additional copies of this statement as needed.

**\*\* If you are married, this *must* be completed as a joint financial statement.**

**Balance Sheet. List all amounts in dollars (omit cents). Please attach a separate sheet if necessary.**

Assets	Amount	Liabilities and Net Worth	Amount
Demand/Time Deposits (Schedule 1)	\$	Mortgage (Schedule 5)	\$
Cash Value of Life Insurance (Schedule 2)	\$	Car Note (Schedule 4)	\$
Notes and Accounts Receivable	\$	Notes Payable (Schedule 7)	\$
Marketable Stocks and Bonds (Schedule 3)	\$	Vehicles, Machinery, & Other Assets (Schedule 4)	\$
Equity in Business Requesting Financing	\$	Credit Cards (Schedule 7)	\$
Equity in Partnerships & Joint Ventures (itemize)	\$	List any other debt on the lines below (Schedule 7)	
Vehicles, Machinery & Equipment (Schedule 4)	\$		\$
			\$
			\$
Real Estate (Schedule 5)	\$	<b>TOTAL LIABILITIES</b>	\$
Personal Property & Other Assets:	\$	<b>NET WORTH (Total assets minus total liabilities)</b>	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$</b>

**Schedule 1 – Deposit Accounts (including Money market accounts)**

Name of Bank, Savings and loan, Credit Union	Location	Account Number	Type of Account	Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
<b>Total</b>				<b>\$ _____</b>

**Schedule 2 – Life Insurance**

Name of Person Insured	Insurance Company	Face Value of Policy	Policy signed?	Loan on Policy	Cash Surrender Value
		\$		\$	\$

**Schedule 3 – Marketable Stocks and Bonds** (including Mutual Funds, but excluding retirement funds unavailable for withdrawal without penalty)

Name of Stock	No of Shares	Registered in the Name of	Are they Pledged?	To Whom?	Present Market Value
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**Schedule 4 – Vehicles, Machinery and Equipment**

Description (Year, Make & Model)	Year Acquired	Cost	Loan payable to	Loan account #	Monthly Payment	Loan Balance	Present Market Value
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____	\$ _____	\$ _____
<b>Total</b>						\$ _____	\$ _____

**Schedule 5 – Real Estate**

Address/Description	Title in the name of	Year acquired	Cost	Loan Payable	Mo. Payment	Balance	Present Market Vale
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____	\$ _____	\$ _____
<b>Total</b>						\$ _____	\$ _____

**Schedule 6 – Other loans payable (including credit card and other revolving loans)**

Name & Address of lender	Collateral pledged	Original date of the loan	Original Amount	Monthly payment	Loan balance
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
<b>Total</b>					\$ _____

Sources of Income for Year Ended _____		Expenses for Year Ended _____	
Salaries	\$ _____	Rental Payment, Co-Op or Condo	\$ _____
Bonuses & Commissions	\$ _____	Home Mortgage Payments	\$ _____
Dividends	\$ _____	Property Taxes/Assessments	\$ _____
Interest	\$ _____	Credit Card Payments	\$ _____
Net Profits from:		Investments/Regular Partnership Contributions	\$ _____
Rental Property	\$ _____	Alimony/Child Support	\$ _____
Proprietorships	\$ _____	Medical Expenses	\$ _____
Partnerships	\$ _____	Tuition	\$ _____
Joint Ventures	\$ _____	Loan Payments (Excluding Mortgage)	\$ _____
Other Income:	\$ _____	Insurance Premiums	\$ _____
		Charitable Contributions	\$ _____
		State and Federal Income Taxes Paid	\$ _____
		Other Expenses	\$ _____
<b>TOTAL INCOME</b>	\$ _____	<b>TOTAL EXPENSES</b>	\$ _____