

COMMUNITY DEVELOPMENT RESOURCES

Date _____

Thank you for your interest in our program. Community Development Resources does not discriminate in providing services to individuals on the basis of sex, race, religion, creed, political or sexual preference, or ability/disability. The information you provide is kept confidential.

Please return this loan check list with the following items:

- ✓ Business Loan Application (attached)
- ✓ Personal Financial Statement (attached)
- \$20 Application Fee
- History of the business
- Resume or Management Summary of all principals
- Copy of Photo I.D. & Social Security cards
- Personal tax returns for the last 2 years (_____/_____)
- Business tax returns or financials (balance sheet and income statement) for the last 3 years (_____/_____/_____)
- Annual projections; existing business -1 year & start up – 3 years
- If not a U. S. Citizen- a copy of I-551 or I-94 card required
- If request is greater than \$50,000- denial documentation from a bank.

Fees charged by CDR:

As a disclosure to you, CDR wants you to be aware of the fees charged in getting a loan. Fees are subject to change with loan type.

- 1% loan processing fee
or
\$100 SBA Microloan annual administrative fee
- \$200 loan closing fee
- Real Estate closing –any fees charged by the title company.

Business Loan Application

PLEASE PROVIDE COMPLETE INFORMATION ON THIS APPLICATION. You may be requested to provide additional information as part of the application process. Community Development Resources does not discriminate in providing services to individuals on the basis of sex, race, religion, creed, political or sexual preference, or ability/disability. The information you provide is kept confidential.

Business Information

Please answer these questions completely.

Name of Business _____ sole-proprietorship
_____ corporation
Street Address _____ partnership
_____ other
City _____ State _____ Zip Code _____
Business Phone No. _____ Fax No. _____
E-Mail _____ Web Site _____
Type of Business: Manufacturer Wholesale Distribution Service Retailer
 Other _____
Date your business was established _____ Fed. ID. No. _____
What type(s) of product(s)/service(s) do you sell? _____

Number of employees (current): Part Time _____ Full Time _____ Family Members _____
Amount of loan requested _____ Requested term of loan _____
Type of collateral pledged _____

Principals

(If there are more than two (2) principals, attach a separate sheet of information using the above as a guide.)

Name _____ Social Security # _____ Date of Birth _____
Home Address _____ City, State, Zip _____
Phone (H) _____ (W) _____ (C) _____
Gender Male Female US Citizen Yes No US Veteran Yes No
Ethnicity _____

Name _____ Social Security # _____ Date of Birth _____
Home Address _____ City, State, Zip _____
Phone (H) _____ (W) _____ (C) _____
Gender Male Female US Citizen Yes No US Veteran Yes No
Ethnicity _____

Credit Information

Furnish information on ALL DEBTS, contracts, notes and mortgages payable. Indicate by an (*) items to be paid with loan proceeds. Attach additional sheets if necessary.

To Whom Payable	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Collateral	Current or Past Due

Previous other financing which is now paid in full:

To Whom Payable	Loan Number	Date Approved	Amount	Date Paid Off

List 3 Business References:

Business	Contact	Address	Phone Number

Other Information

If any of the following questions are answered Yes, please provide an attachment of explanation.

- Are there any outstanding judgments, garnishments or other legal proceedings against the business or the principals? Yes No
- Has the business or any principal ever been in receivership or adjudicated a bankruptcy? Yes No
- Is the business or any principal (a) presently under indictment, on parole or probation, or (b) have they ever been charged for any criminal offense other than a minor vehicle violation, or (c) convicted, released on pretrial diversion, or (d) placed on any form of probation including adjudication withheld pending probation for any criminal offense other than a minor vehicle violation? Yes No
- Has the business or any principal ever been denied a business-related license or had it suspended or revoked by any administrative, governmental or regulatory agency? Yes No
- Has the business or any principal ever had property foreclosed upon or made a settlement with creditors? Yes No

Authorization to release information: Applicant(s) hereby certify that all of the statements above and on any other documents provided to Community Development Resources (CDR) to consider extension of credit are true and complete as of the date given. Applicant(s) authorize CDR to verify all of the information given, to obtain a credit report or any other verification of credit references, and to make such other investigations as the corporation deems appropriate. Applicant(s) agree to notify CDR promptly of any adverse change in their financial condition.

Signature/Title

Date

Signature/Title

Date

COMMUNITY DEVELOPMENT RESOURCES

Personal Financial Statement

NAME _____ SOCIAL SECURITY # _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS: Business _____ Home _____ Cell _____

LOAN PURPOSE _____

ASSETS (what you own)	AMOUNT	LIABILITIES (what you owe)	AMOUNT
Cash: Checking	\$	Loan Payable to banks (schedule 5)	\$
Savings	\$		
C.D.'s	\$	Loan Payable to other (schedule 5)	\$
Other	\$		
		Credit Card Payables (schedule 5)	\$
Securities (schedule 1)	\$		
		Tax Payables	\$
Life Insurance Cash Value (schedule 2)	\$		
		Loans on Life Insurance (schedule 2)	\$
Real Estate: (schedule 3)	\$		
Homestead	\$	Real Estate Mortgages (schedule 4)	\$
Other	\$	Homestead	\$
		Other	\$
Vehicles (year, make, model)			
	\$	Other Liabilities	\$
	\$		
	\$		
	\$		
Personal Property	\$	TOTAL LIABILITIES	\$
	\$		
Other Assets	\$	NET WORTH	\$
	\$		
	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES & EQUITY	\$

ANNUAL INCOME	APPLICANT	SPOUSE or CO-APPLICANT	CONTINGENT LIABILITIES	AMOUNT
Salary/Commision	\$	\$	As a Co-signer	\$
Dividend/Interest	\$	\$	As a Guarantor	\$
Rental	\$	\$	Lawsuits or taxes	\$
Other	\$	\$	Other	\$
TOTALS	\$	\$	TOTALS	\$

SCHEDULE 1 (securities owned)

Number of Shares	Description	Name(s) Registered In	Present Market Value
			\$
			\$
			\$
			\$
			\$

SCHEDULE 2 (Life Insurance)

Insured	Insurance Company	Beneficiary	Face Value of Policy	Cash Value	Loans
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

SCHEDULE 3 (Real Estate owned)

Address of Property	Name(s) on Title	Year Acquired/Cost	Market Value
		/ \$	\$
		/ \$	\$
		/ \$	\$
		/ \$	\$

SCHEDULE 4 (Mortgages or Liens on Real Estate)

Address of Property	To Whom	Payment	Maturity Date	Unpaid Balance
		\$ per		\$
		\$ per		\$
		\$ per		\$
		\$ per		\$

SCHEDULE 5 (Loan & Credit Card Payables)

To Whom	Address	Collateral	Payment	Maturity Date	Unpaid Balance
			\$ per		\$
			\$ per		\$
			\$ per		\$
			\$ per		\$
			\$ per		\$
			\$ per		\$

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS

APPLICANT: _____ **CO-APPLICANT:** _____