

\*\*\*ALL FIELDS MUST BE FILLED OUT COMPLETELY\*\*\*

DATE OF APPLICATION: \_\_\_\_\_

## 1. PERSONAL INFORMATION

Full Name:		Email Address:	
Home Phone #:		Cell Phone #:	
Home address (Street, apt. #):		City, State, ZIP Code:	
Is this residence a <input type="checkbox"/> House or <input type="checkbox"/> Apt.?	# of years at current residence: _____	Household size, including yourself: _____	
Previous Home address (Street, apt. #):		City, State, ZIP Code:	
Social Security #:	Drivers License #:	Date of Birth (MM/DD/YYYY):	
How did you hear about ACCION? <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Internet <input type="checkbox"/> Bank <input type="checkbox"/> Another agency <input type="checkbox"/> Friend Please specify: _____		Have you received a loan from ACCION San Diego in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what business name? _____	

**Payment Protection Plan:** ACCION San Diego offers life and disability insurance through American National Insurance Company to ensure the continued repayment of the loan should the borrower fall ill, become disabled, or pass away. The insurance premium is financed as part of the loan. Are you interested in enrolling in our payment protection plan?  Yes  No

## OPTIONAL INFORMATION (Information reported is for statistical purposes and will in no way affect your eligibility for this request)

Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____
Legal Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Green Card <input type="checkbox"/> Refugee/Asylee Place of Birth: _____ Are you a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. BUSINESS INFORMATION

Business Name:		Business Phone #:	
Business address (Street, unit #):		City, State, ZIP Code:	
Website:	Is your business licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Payment Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	
Please provide a brief description of your business:			
How long has your business been in operation AND had revenue? Years _____ Months _____		Yrs. of experience in the field:	
Do you personally operate <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other explain: _____		Is business currently profitable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the legal entity of your business? <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other, explain: _____			
Do you have any business partners? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provide their full names:	
Do any of your partners own more than 10% of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are your partners willing to sign on the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many employees do you have, not including yourself? Full-time: _____ Part-time: _____ Independent Contractors: _____			
Do you rent or lease a storefront, office, or storage space for your business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time at current location: Years _____ Months _____	

## 3. REFERENCES

### PERSONAL REFERENCES

Reference- Family (preferably local)	Relationship:	Name:	Phone #:
<input type="checkbox"/> Family OR <input type="checkbox"/> Friend	Relationship:	Name:	Phone #:
<input type="checkbox"/> Client/Customer OR <input type="checkbox"/> Supplier *(for start-ups only <input type="checkbox"/> Family <input type="checkbox"/> Friend)		Name:	Phone #:

### LANDLORD REFERENCES

Name of Home Landlord:	Phone #:
Name of Business Landlord:	Phone #:

### EMPLOYER REFERENCES (If you have a job in addition to your business)

Name of Employer:	Name of Supervisor:	Phone #:
Address (street, unit #):		City, State, ZIP Code:
How long have you worked there? Years _____ Months _____		How many hours per week do you work? _____

## 4. LOAN REQUEST

Please make a list **IN ORDER OF PRIORITY** of what you will use your loan for and how it will help your business grow.

ITEM	AMOUNT REQUESTED	**MINIMUM REQUESTED
Ex. A printer to increase production	Ex. \$1,000	Ex. \$500
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
<b>Total loan amount requested</b>	\$0.00	\$0.00
<b>What is your preferred monthly payment?</b>	\$	\$

\* Please provide a client/customer or supplier reference. Start-ups may provide another family/friend reference.

\*\* What is the minimum amount you can work with?

**5. APPLICATION QUESTIONNAIRE**

1. Is your business a start-up that is not yet profitable OR are you changing locations, opening a new location, or purchasing an existing business? <i>If you answered "YES" to #1, please answer #1a. through #1c.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. Can you show documentation for at least 6 months of business revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Can you provide a business plan OR a market study and 12 months of projected financials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1c. If your business is not yet profitable, can you provide a source of external income that is fully able to support the loan payments? (If this source of income is spousal income, the spouse must qualify and sign on the loan.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any past due bills? (Consider past due bills such as credit cards, medical collections, tax liens, rent, utility bills, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you own any properties? If yes, how many? _____ 4a. If yes, are any of your properties outside of the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a mortgage? 5a. If yes, is your mortgage a fixed rate mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you declared bankruptcy or are you in the process of declaring bankruptcy? 6a. If yes, was your bankruptcy discharged or dismissed more than 12 months ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you been in foreclosure in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you been late on any car loans, mortgage, and/or rent payments in the past 12 months, including both home and business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your business involve real estate investment, adult entertainment, or firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If required, could you provide a cosigner? (Cosigner must not be involved in the business and have an income outside of the business)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you had any liens filed against you or your business for back taxes? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you currently party to a suit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**6. FINANCIAL SUMMARY**

BUSINESS INCOME AND EXPENSES		PERSONAL INCOME AND EXPENSES	
----- MONTHLY BUSINESS INCOME -----		----- MONTHLY PERSONAL INCOME -----	
Monthly business sales	\$	Your take home pay from business	\$
Other business income	\$	Income from second job after taxes (net)	\$
<b>TOTAL MONTHLY BUSINESS INCOME</b>	<b>\$ 0.00</b>	Additional household/spousal income (net)	\$
----- MONTHLY BUSINESS EXPENSES -----		----- MONTHLY PERSONAL EXPENSES -----	
Materials and inventory (COGS)	\$	Other Income (disability, child support, Social Security etc)	\$
Marketing, advertising fees, etc.	\$	<i>Describe other income sources:</i>	
Your take-home pay from business	\$	<b>TOTAL MONTHLY PERSONAL INCOME</b>	<b>\$ 0.00</b>
Employee salaries	\$	----- MONTHLY PERSONAL EXPENSES -----	
Annual licensing, business fees	\$	Utilities - gas, electric, heat, water	\$
Equipment purchase and maintenance	\$	Out of pocket medical and health expenses	\$
Utilities - Gas, electric, heat, water	\$	Out of pocket insurance - life, health, property	\$
Business insurance	\$	Telephone/cell/pager	\$
Telephone/cell/pager	\$	Auto - gas, repairs, insurance	\$
Auto - Gas, repairs, parking, insurance	\$	Public transportation	\$
Accountant/Bookkeeper	\$	Rent	\$
Office supplies	\$	Other	\$
Rent	\$	Food	\$
Taxes	\$	Clothing	\$
Other	\$	Education/books/supplies	\$
Total auto/equipment lease monthly payments	\$	Childcare	\$
Supplier credit owed monthly	\$	Cable TV/entertainment	\$
Other business credit owed monthly	\$	Alimony/child support	\$
Loans from family/friends owed monthly	\$	Money sent to relatives	\$
<b>TOTAL MONTHLY BUSINESS EXPENSES</b>	<b>\$ 0.00</b>	Total monthly credit card and loan payments	\$
		<b>TOTAL MONTHLY PERSONAL EXPENSES</b>	<b>\$ 0.00</b>

**7. ASSETS AND COLLATERAL**

**BUSINESS ASSETS** (Furniture, fixtures, equipment, vehicles, accounts receivable, etc.)

ITEM	Value	Paid Off?	ITEM	Value	Paid Off?
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WHAT COLLATERAL WILL BE USED IF NEEDED?**

ITEM	Description (If auto, provide Year/Make/Model/Color/Mileage)	Value	Paid Off?
(Auto #1)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Auto#2)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Other)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**8. AUTHORIZATION FOR VERIFICATION OF INFORMATION: Please read carefully before signing application**

I authorize ACCION San Diego to perform a credit check, which may include obtaining consumer and/or commercial credit reports. I also authorize ACCION to call any references, employers, organizations, financial institutions, and any other sources that may be useful or necessary in order for ACCION to make a decision regarding my application for business credit. I hereby release all persons and companies from damages that may directly or indirectly result from the release of such information. I also understand and affirm that the financial and other information set forth in this application and which otherwise has been or may be supplied by me and my company to ACCION in support of me and my company's application for a loan or other financial accommodation is full, complete, true, and correct, and I further acknowledge and agree that this information will be relied upon by ACCION as material factor in making its credit decisions and in making any loan to me or my company, and further that ACCION would not be extending credit to me or my company but for this representation of the completeness and accuracy of the information I and my company are supplying to it in support of this application.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please sign and fax or email a scanned copy.*