



I. INTRODUCTION

Thank you for your interest in People Incorporated Financial Services Loan Program. The mission of People Incorporated Financial Services is to promote economic self-sufficiency and a better quality of life for the citizens of the region through small business ownership, job creation, and asset development. In support of this goal, People Incorporated Financial Services provides loans business and financial training, one to one technical assistance, and marketing services to entrepreneurs.

If you have any questions or need assistance completing this application, please call the People Incorporated Financial Services office at (276) 623-9000; FAX (276) 525-1211.

II. ELIGIBILITY

Eligibility requirements are: a U.S. citizen or permanent resident 18 years or older; the location of your business is or will be in one of the following Virginia counties (**Alleghany, Bedford, Bland, Botetourt, Buchanan, Carroll, Clarke, Dickenson, Fauquier, Floyd, Franklin, Frederick, Grayson, Lee, Loudon, Montgomery, Page, Patrick, Prince William, Pulaski, Rappahannock, Roanoke, Russell, Scott, Shenandoah, Smyth, Tazewell, Warren, Washington, Wise, Wythe**) or one of the following Virginia cities of (**Bristol, Covington, Galax, Manassas, Manassas Park, Norton, Roanoke or Salem**), **Mercer County, WV, City of Bristol and Sullivan County, TN**; employ and/or plan to employ five or fewer people.

III. DIRECTIONS FOR COMPLETING APPLICATIONS

Please print and use an ink pen. The application must be completed in its entirety before it will be considered. All co-signers must complete a separate personal financial statement. Attach a copy of your social security card and driver's license when submitting the application. Please do not send originals of either your social security card or driver's license. Depending on your loan request, we may need additional information about your business or proposed business. Please make sure that you take the time to submit the most current and accurate information about you, your business, or proposed business. Your initials are required on the bottom right hand corner of each page. Please make sure you complete **Parts A-F** on the application and sign it. You may include any additional information that will help us better understand your request. **NOTE: Any information and all attachments submitted become the property of People Incorporated Financial Services and will not be returned. All information is held in strict confidence.**

IV. HOW WILL YOU USE THE LOAN FUNDS?

Amount	Specific listing of item planned for purchase (If necessary, attach additional sheets)
Working Capital \$ _____	_____
Inventory _____	_____
Equipment _____	_____
Property Improvements _____	_____
Other List: _____	_____

TOTAL LOAN REQUEST \$ _____

 Your Initials Please

PART A: YOUR PERSONAL INFORMATION
Primary Applicant

Primary Applicant's Name (first, middle, last) Social Security # Date of Birth

Street Address City State Zip

Mailing Address (if different from above)

Previous Address (if less than two years)

Home Telephone _____ Work telephone _____ E-Mail Address _____

County where you reside: _____ How many years at above address? _____

List All Dependents:

Name	Date of Birth	Are they considered to be disabled?

Please attach additional sheets, if more space is needed.

Place of work and length of time at job _____

Do you own your home? _____ Yes _____ No

If rented, please provide landlord's name, address, and telephone number. _____

Co-Applicant

Co-applicant's Name (first, middle, last) Social Security # Date of Birth
(if joint application)

Street Address City State Zip

Mailing Address (if different from above)

Previous Address (if less than two years)

Home Telephone _____ Work telephone _____ E-Mail Address _____

County where you reside: _____ How many years? _____

Place of work and length of time at job _____

Do you own your home? _____ Yes _____ No

Your Initials Please

PART B: YOUR PERSONAL FINANCIAL STATEMENT

Please provide us with information about your current financial condition. If more space is needed, please attach additional sheets.

This personal financial statement accurately reflects my financial situation as of _____ (date).

ASSETS What You Own		LIABILITIES What You Owe	
	Amount		Balance Owed
Cash	\$ _____	Loans from Lending Institutions	\$ _____
Cash in Checking Account(s) List the Financial Institution(s)	\$ _____ \$ _____		\$ _____
Cash in Savings Account(s) List the Financial Institution(s)	\$ _____ \$ _____	Friends	\$ _____
Securities, Stocks and Bonds	\$ _____	Others	\$ _____
Retirement Plan(IRA,401K,403B)	\$ _____	Credit Card Balance	
Automobile(s)-(present value) Year Make Model	\$ _____ \$ _____ \$ _____	Company Name	\$ _____
Personal Property(Value)	\$ _____	Company Name	\$ _____
Real Estate (Value) (List Address)	\$ _____	Company Name	\$ _____
Other Assets (List):	\$ _____	Mortgages on Real Estate	\$ _____
TOTAL	\$ _____	List Mortgage Holder(s)	\$ _____
		TOTAL	\$ _____

Have you ever declared bankruptcy or had any judgments recorded against you? ____ Yes ____ No. If yes, explain the circumstances.

Do you owe any delinquent taxes? ____ Yes ____ No
If yes, please list the type of taxes you owe and the amount.

Are you a co-signer on any loan(s)? If yes, please list and provide details.

*Total Annual Household Income \$ _____

*Total annual income for all wage earners living in your household.

Your Initials Please

PART C: YOUR PERSONAL BUDGET STATEMENT

Please tell us about your monthly income and expenses.

Income		Expenses	
	Amount		
Take Home Pay		Loan Payments to	
From the Business	\$ _____	Lending Institution	\$ _____
From other Jobs	_____	Friends	_____
Spouse if Joint Application	_____	Others (List)	_____
Governmental Payments		Credit Card Payments	\$ _____
TANF	\$ _____	Vehicle Payments for:	
Social Security	_____	Fuel	_____
Food Stamps	_____	Insurance	_____
Unemployment	_____	Repairs	_____
Housing Assistance	_____	Loans	_____
Other	_____	Rent/Mortgage Where You Live	\$ _____
Other Income	\$ _____	Mortgage on Rental Property	_____
Interest Income	_____	Second Mortgage/Home Equity Loan	_____
Bonuses/Commissions	_____	Payment	
Rental Income	_____	Household Expenses	
Child Support*	_____	Insurance Payments	\$ _____
Alimony*	_____	Property Taxes	_____
		Utilities:	
		Electricity	_____
		Telephone	_____
		Gas (Heat)	_____
		Cable	_____
		Water/Sewer	_____
		Family Support Expenses	
		Food	\$ _____
		Clothing	_____
		Medical Expenses	_____
		Child Care	_____
		Alimony	_____
		Child Support	_____
		Other Expenses (List)	_____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

NOTE:*Alimony or child support payments need not be disclosed unless it is desired to have such payments count toward your total income.

Your Initials Please

PART D: ABOUT YOUR BUSINESS—MANAGEMENT AND OPERATIONS

Please provide us with information on your existing or proposed business. You may attach a business plan and cash flow projections if available. If you have questions on business planning, please call our office for assistance. If you need more space, please attach additional sheets.

1. Describe the type of product or service your business offers or will offer.
2. If available, please provide the name, address, and telephone number of your business.
3. Is your business a: Start up _____ Currently operating since _____
(Date—mm/yy)
4. What type of business: (please check all that apply)
 Retail Wholesale Construction Manufacturing Service
5. What is the legal structure:
 Sole Proprietorship
 Corporation (a copy of articles of incorporation may be required)
 Limited Liability Corporation (LLC)
 Partnership (please list all partners' names and addresses)*

 Is there a written partnership agreement? Yes No
6. Please list any state and/or federal licenses your business is required to have in order to operate:
7. Is a city or town privilege license required? Yes No. If yes, do you have this license? Yes
 No
8. Will this business operate full-time part-time seasonal
9. Not including yourself, this business employs or will employ: # _____ full-time employees; # _____
 part-time employees
10. What are the average numbers of hours per week you plan to work or are working in this business? _____
11. Why did you choose this business?
12. How many years experience do you have in this type of business? _____ years
13. Have you previously owned a business? Yes No
14. Will this business or proposed business be your primary source of income?

 Your Initials Please

PART D: ABOUT YOUR BUSINESS (CONTINUED)--SALES AND MARKETING

This information should be actual sales data for existing businesses and/or projected sales data for a proposed business. Please work to ensure accuracy with the data and estimates you provide as you may be asked to verify this information:

	Existing	Projected
1. How many customers do you serve each day?		
2. What are your average sales per customer?		
3. Approximately how many days are you open each month?		
4. What are your total monthly sales?		
5. What are your total monthly expenses?		
6. What and how much are your three greatest expenditures each month?		
7. What are your lowest monthly sales?		

8. What are your proposed or existing hours of operation?
9. Select your peak season? _____ Fall _____ Winter _____ Spring _____ Summer
10. Will this business pay you a salary or wage? If so, how much? _____
11. If yours is a start up business, how will you promote your business:
 during the first month of operation?
 during the first year of operation?
12. If yours is an existing business, how do you currently promote your business?
13. Who is the primary customer for your business? Please list any common characteristics for your customer (for example, where your customer lives, their income, family size or other characteristics you may know about them).
14. Please list the number of competitors you think you have and provide the name and address of your nearest competition for your business.
15. How is your product/service different from that of the competition?

PART E: ABOUT YOUR EMPLOYMENT HISTORY

1. Are you or co-applicant currently employed outside of this business? _____ Yes _____ No
2. If yes, do you plan to keep this job while operating your business? _____ Yes _____ No
3. If yes, provide employer's name, address, and telephone number.
4. If employed outside of the business, do you work full-time or part-time?
5. How long have you been employed with the above employer? _____ years _____ months

 Your Initials Please
PART F: ABOUT YOUR CONNECTIONS WITHIN THE COMMUNITY:

(List two relatives not living with you and a personal reference who is not related)

(Relative)	(Relative)	(Personal Reference)
Name	Name	Name
Relationship	Relationship	Relationship
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
() Telephone	() Telephone	() Telephone

Have you taken our twelve hour Business Basics class? yes no

The undersigned hereby authorizes People Incorporated Financial Services or any of its affiliates 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. Further, 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.

APPLICANT:

CO-APPLICANT:

Name(print) _____

Name(print) _____

Signature _____

Signature _____

Date _____

Date _____

Thank you for your interest in our program. Because the services we provide are made available through public funding, we are required to follow up with the persons that we serve so please take the time to provide us with some information. All information provided is strictly confidential. Please feel free to ask if you have questions about the information requested.

How did you learn about our program?			
<input type="checkbox"/> SBA		<input type="checkbox"/> SBDC	
<input type="checkbox"/> Other Government Agency		<input type="checkbox"/> Local Bank	
<input type="checkbox"/> Website		<input type="checkbox"/> Friend/Relative	
<input type="checkbox"/> Advertisement			
<input type="checkbox"/> Other, specify:			
Military Status:	Gender	Are you considered to be disabled?	Ethnicity:
<input type="checkbox"/> Veteran	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Male	<input type="checkbox"/> No	<input type="checkbox"/> Cape Verdean <input type="checkbox"/> Native American
			<input type="checkbox"/> Other
Family Type:		Household Status:	
<input type="checkbox"/> Single Parent/Female		<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Single Parent/Male		<input type="checkbox"/> Spouse	
<input type="checkbox"/> Two Parent		<input type="checkbox"/> Child	
<input type="checkbox"/> Single Person		<input type="checkbox"/> Other	
<input type="checkbox"/> 2 Adults			
<input type="checkbox"/> Other			
Household Type:		Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Own		Do you receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Rent		WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Homeless			
<input type="checkbox"/> Other, specify:			
Years of Education Completed:			
<input type="checkbox"/> Less than 9th grade			
<input type="checkbox"/> 9 - 12			
<input type="checkbox"/> High School Graduate/GED			
<input type="checkbox"/> College Courses/No degree			
<input type="checkbox"/> College Graduate			
<input type="checkbox"/> Other			
Have you ever received TANF (formerly AFDC) benefits?		What was the last year you received TANF/AFDC?	
<input type="checkbox"/> Yes		Year:	
<input type="checkbox"/> No			
Check all that apply:			
<input type="checkbox"/> Farmer		<input type="checkbox"/> Seasonal Farmer	
<input type="checkbox"/> Migrant Farm Worker			
Signature:			
<p>I understand that any information disclosed to be held in strict confidence. I certify that all information provided is true and correct to the best of my knowledge and understand that this information may be verified by People Incorporated staff to determine eligibility for program services. I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. I waive all claims against People Incorporated of Southwest Virginia and its affiliate People Incorporated Financial Services and their employees, directors, and agents arising from this assistance. I understand that I am receiving assistance and information from People Incorporated of Southwest Virginia and People Incorporated Financial Services so I can make informed decisions about starting, expanding or operating my business.</p>			
Signature _____		Date _____	
<p>The Economic Development Group of People Incorporated is an intermediary for the Small Business Administration (SBA) Microlending program. Funding is also received from the State of Virginia, local government and Private sources.</p>			
<p>Our office is located at 1173 West Main Street, Abingdon, VA 24210. We can be reached by telephone at (276)619-2228 or e-mail at businessstart@peopleinc.net. Please visit our website www.businessstart.org.</p>			
We Look Forward to Serving You!			

List the organization or individual who provided you with this application. _____

Please mail or bring application to:
 People Incorporated Financial Services
 1173 West Main Street
 Abingdon, Virginia 24210
 Phone: (276) 619-2228