

BUSINESS DEVELOPMENT LOAN APPLICATION

I. LOAN INFORMATION:

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Amount</td> <td style="width: 20%; text-align: center;">Term</td> </tr> <tr> <td>TOTAL LOAN REQUEST \$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">PURPOSE OF LOAN _____</td> </tr> </table>		Amount	Term	TOTAL LOAN REQUEST \$ _____	_____	_____	PURPOSE OF LOAN _____			<p style="text-align: center;">ALL LOANS REQUIRE COLLATERAL</p> <p>What type of collateral will you pledge for this loan?</p> <p>_____</p> <p>_____</p>
	Amount	Term								
TOTAL LOAN REQUEST \$ _____	_____	_____								
PURPOSE OF LOAN _____										

II. PRIMARY APPLICANTS' INFORMATION:

CO-APPLICANTS INFORMATION (IF APPLICABLE):

<p>_____ Primary applicants Name (first, middle, last)</p> <p>_____ Social Security # _____ Date of Birth</p> <p>_____ Physical/ Street Address</p> <p>_____ City State Zip</p> <p>Phone: _____ Home Cell Business</p> <p>County of residence _____ Years at this address _____</p> <p>Own <input type="checkbox"/> Rent <input type="checkbox"/> Monthly \$ _____</p> <p>Email Address _____</p> <p>Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed by _____ Income: _____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Additional income: _____ Source: _____ Will income continue after the business opens? Yes <input type="checkbox"/> No <input type="checkbox"/> Address _____ Position _____ Start Date _____</p> <p>Previous employer (If current employer is less than 2 years) _____ Position _____ Start Date _____</p> <p>List all dependents: Name Date of Birth _____ _____ _____</p>	<p>_____ Primary applicants Name (first, middle, last)</p> <p>_____ Social Security # _____ Date of Birth</p> <p>_____ Physical/ Street Address</p> <p>_____ City State Zip</p> <p>Phone: _____ Home Cell Business</p> <p>County of residence _____ Years at this address _____</p> <p>Own <input type="checkbox"/> Rent <input type="checkbox"/> Monthly \$ _____</p> <p>Email Address _____</p> <p>Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed by _____ Income: _____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Additional income: _____ Source: _____ Will income continue after the business opens? Yes <input type="checkbox"/> No <input type="checkbox"/> Address _____ Position _____ Start Date _____</p> <p>Previous employer (If current employer is less than 2 years) _____ Position _____ Start Date _____</p> <p>List all dependents: Name Date of Birth _____ _____ _____</p>
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HAVE YOU EVER DECLARED BANKRUPTCY? Yes <input type="checkbox"/> No <input type="checkbox"/> DATE FILED: _____ CH. 7 <input type="checkbox"/> CH. 13 <input type="checkbox"/> DISCHARGE DATE: _____ HAVE YOU EVER HAD JUDGMENTS ENTERED AGAINST YOU? Yes <input type="checkbox"/> No <input type="checkbox"/> HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? Yes <input type="checkbox"/> No <input type="checkbox"/>	ABOUT YOUR BUSINESS Business Name: _____ Business Address: _____ Business Phone: _____ Entity Type: <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Taxes filed through: _____ YEAR
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LIST ONE RELATIVE NOT LIVING WITH YOU AND TWO PERSONAL REFERENCES NOT RELATED TO YOU:

Relative	Personal	Personal
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____	Phone: _____

I understand that by signing this application I am giving written consent for People Incorporated staff to enter the information that I am providing into People Incorporated of Virginia's client tracking data system. Entering my data will allow People Incorporated to provide quality, comprehensive services for which I might be eligible through all programs operated by the organization. It will also ensure that the organization is able to track program success and report to funders as required.

I further understand that my information will be shared with appropriate People Incorporated staff members if the need for referral to a People Incorporated program is identified. My information will not be shared with any organization outside of People Incorporated without my specific written consent.

The undersigned hereby authorizes People Incorporated of Virginia 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 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 debts, general fees related to the preparation of this document, personal or consumer purposes. If you are dissatisfied with the loan decision or have any complaints please contact the Senior Business Lender / Advisor, Jeremy Repass at 276-608-8205 or jrepass@peopleinc.net

 Printed Name of Applicant

 Printed Name of Co-Applicant

 Signature of Applicant

 Date

 Signature of Co-Applicant

 Date

ABINGDON, VA	ABINGDON, VA	WOODSTOCK, VA	Culpeper, VA
1173 W. Main St. 24210	1173 W. Main St. 24210	135 S. Main St. 22664	233 E Davis St. 22701
Phone: 276 619-2239	Phone: 276 274-0123	Phone: 540 333-6704	Phone: 276 608-9724
Jeremy Repass	Blaire Ibert	Kristy Pedersen	Shannon Lambert
Senior Business Lender	Business Lender/Advisor	Business Lender/Advisor	Business Lender/Advisor
Email:	Email:	Email:	Email:
jrepass@peopleinc.net	bibert@peopleinc.net	kpetersen@peopleinc.net	slambert@peopleinc.net

Applicant

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 individuals 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 any questions about the information request. The below information is not used to make a loan decision and is only used for grant reporting purposes only.

How did you hear about our program?				
<input type="checkbox"/> SBA	<input type="checkbox"/> Social Media	<input type="checkbox"/> SBDC	<input type="checkbox"/> Local	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Other Government Agency		<input type="checkbox"/> Website	<input type="checkbox"/> Other (please specify): _____	

Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you considered to be disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
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Family Type: <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent <input type="checkbox"/> Single Person <input type="checkbox"/> 2 Adults <input type="checkbox"/> Other

Household Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Years of education completed: <input type="checkbox"/> Less than 9 th grade <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Graduate /GED <input type="checkbox"/> College/No Degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Other
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I understand that any information disclosed will be held in strict confidence. I certify that all information provided is true and correct to the best of my knowledge and may be verified by People Inc. staff to be determined for certain program services. I further understand that my lender 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 make informed decisions about starting, expanding, and opening my business.

Signature

Date

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.

Co-Applicant (If Applicable)

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