



BUSINESS DEVELOPMENT LOAN APPLICATION

I. LOAN INFORMATION:

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:30%; text-align: center;">Amount</td> <td style="width:40%; text-align: center;">Term</td> </tr> <tr> <td>TOTAL LOAN REQUEST</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>PURPOSE OF LOAN</td> <td colspan="2">_____</td> </tr> </table>		Amount	Term	TOTAL LOAN REQUEST	\$ _____	_____	PURPOSE OF LOAN	_____		<p 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 _____</p> <p>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 _____</p> <p>Income: _____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/></p> <p>Additional income: _____ Source: _____</p> <p>Will income continue after the business opens? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Address _____</p> <p>Position _____</p> <p>Start Date _____</p> <p>Previous employer (If current employer is less than 2 years)</p> <p>_____ Position _____</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 _____</p> <p>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 _____</p> <p>Income: _____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/></p> <p>Additional income: _____ Source: _____</p> <p>Will income continue after the business opens? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Address _____</p> <p>Position _____</p> <p>Start Date _____</p> <p>Previous employer (If current employer is less than 2 years)</p> <p>_____ Position _____</p>
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Start Date _____ List all dependents: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Name</td> <td style="width: 40%; border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Name	Date of Birth					Start Date _____ List all dependents: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Name</td> <td style="width: 40%; border-bottom: 1px solid black;">Date of Birth</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Name	Date of Birth				
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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 RELATIVES 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 Director of Economic Development, Barbara Sikora at 276-619-2243 or bsikora@peopleinc.net

Printed Name of Applicant

Printed Name of Co-Applicant

Signature of Applicant

Date

Signature of Co-Applicant

Date

ABINGDON, VA

1173 W. Main St. / 24210
Phone: 276 623-9000
Fax: 276 525-1211
Jeremy Repass
Business Development Mgr
Email: jrepass@peopleinc.net

WOODSTOCK, VA

150 S. Main St. / 22664
Phone: 540 459-9096
Fax: 540 439-8732
Leslie Currle
Business Development Mgr
Email: lcurre@peopleinc.net

MANASSAS, VA

9324 West Street, Suite
201/20110
Phone: 571 445-3027
Fax: 571 445-3030
Maribel Feliciano
Business Development Mgr
mfeliciano@peopleinc.net

WARRENTON, VA

70 Main St, Suite 23 / 20186
Phone: 571 359-3897
Jenny Knox
Business Development Mgr
Email: jknox@peopleinc.net

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? SBDC Local Bank Friend/Relative Advertisement SBA
 Other Government Agency Website Other, specify:

Military Status: Veteran Non-Veteran
Gender: Female Male
Are you considered to be disabled? Yes No
Ethnicity: Black White Asian Hispanic
 Cape Verdean Native American
 Other

Family Type: Single Parent/Female Single Parent/Male Two Parent
 Single Person 2 Adults Other
Household Status: Head of Household Spouse Child Other

Household Type: Own Rent Homeless Other, specify:

Do you have health insurance? Yes No Do you receive Food Stamps? Yes No WIC? Yes No

Years of Education Completed:
 Less than 9th grade 9 – 12 High School Graduate/GED College Courses/No degree College Graduate Other

Have you ever received TANF (formerly AFDC) benefits? Yes No
What was the last year you received TANF/AFDC?
Year: _____

Signature:

Check all that apply:
 Farmer Seasonal Farmer Migrant Farm Worker

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.

Signature _____ Date _____

The Economic Development Group of People Incorporated is an intermediary for the Small Business Administration (SBA) Micro lending program. Funding is also received from the State of Virginia, local government and Private sources.