



# ALLIACE FOR MULTICULTURAL COMMUNITY SERVICES

## Loan Application

### 1. PERSONAL INFORMATION

Date submitted: \_\_\_\_\_

#### a. Primary Applicant

Name Last	First	Middle Initial	DOB	Social Security No.
Street Address	City	State	Zip	Years at this Address
Home Telephone	Cellular/ Pager	Other Phone	E – Mail:	
Residency Status:	Refugee <input type="checkbox"/>	Asylee <input type="checkbox"/>	U.S. Citizen <input type="checkbox"/>	Country of Origin: _____
Employer	Street Address	City	State	Zip
Position and length of Employment (Years)			Work Telephone	

#### b. Co-applicant

Relationship to Primary Applicant:  Spouse  Other. Explain: \_\_\_\_\_

Name: Last	First	Middle Initial	DOB	Social Security No.
Street Address	City	State	Zip	Years at this Address
Home Telephone	Cellular/ Pager	Other Phone	E – Mail:	
Residency Status:	Refugee <input type="checkbox"/>	Asylee <input type="checkbox"/>	U.S. Citizen <input type="checkbox"/>	Country of Origin: _____
Employer	Street Address	City	State	Zip
Position and length of Employment (Years)			Work Telephone	

### 2. BUSINESS INFORMATION

Registered Name of Business \_\_\_\_\_

Legal structure:  Sole Proprietor  Corporation  Limited Liability Company (LLC)  
 Limited proprietorship (LP)  Limited Liability Partnership (LLP)



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State Incorporated \_\_\_\_\_ Month/Year Established \_\_\_\_\_ Business Tax ID \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email/Website Address \_\_\_\_\_

If your business is not new, how long has it been in operation? \_\_\_\_\_ Years

### 3. Management Information

List all Directors, Officers and/or partners having 20% of greater ownership interest

\_\_\_\_\_  
Name and Title \_\_\_\_\_ % of ownership \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Annual Compensation \_\_\_\_\_

\_\_\_\_\_  
Name and Title \_\_\_\_\_ % of ownership \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Annual Compensation \_\_\_\_\_

. (Continue on another sheet; attach also resumes of all members of the management)

### 4. DEMOGRAPHIC INFORMATION

#### a. Primary Applicant:

Sex;  Female  Male

Marital Status:  Married  Single No. of Household: \_\_\_\_\_

Race and Ethnicity:

American Indian/Alaskan Native  Asian  Black or African American

Native Hawaiian /Other Pacific Islander  white  Hispanic or Latino

Veteran Status:  Vietnam Veteran  Other Veteran  Non-Veteran

#### b. Co.-Applicant

Sex;  Female  Male



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Relationship  Spouse  Other: \_\_\_\_\_

Race and Ethnicity:

American Indian/Alaskan Native  Asian  Black or African American

Native Hawaiian /Other Pacific Islander  white  Hispanic or Latino

Veteran Status:  Vietnam Veteran  Other Veteran  Non-Veteran

**5. Current and Projected Full time Employees of the Business including owners**

Ethnicity	Gender		Ethnicity	Gender	
	Male	Female		Male	Female
American Indian/Alaskan Native			Native Hawaiian /Other Pacific Islander		
Asian			White		
Black or African American			Hispanic or Latino		
Other					

**Total Employees: Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**6. Principal and Co-Signer Collateral Information for Securing this loan:**

Item / Particulars	Principal//Cosigner	Current	%Owned
		Resale Price	
		\$	
		\$	
		\$	
		\$	
		\$	

*Attach SBA Form4-a Schedule A, if additional detail is necessary*



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**7. Loan Information**

Loan Amount Requested: \$ \_\_\_\_\_

Loan Term Requested (Months) : \_\_\_\_\_

Approximate Monthly Payment: \$ \_\_\_\_\_

**8. Purpose of Loan Proceeds** *(Please break down purpose of loan by cost)*

Dollar Amount	Purpose
\$	
\$	
\$	
\$	
\$	
\$	
\$	

*“The application for a Microloan will be deemed ineligible if the business falls outside acceptable size standards and the type of business requirements as “ set by SBA.*

**9. Personal / Business Income and Expense Declaration**

**a. Cash Flow**

PARTICULARS	PERSONAL /Household	BUSINESS/ Actual or Projection
Total monthly income	\$	\$
Any Other Income/Gross monthly sales	\$	\$
<b>Total Income</b>	\$	\$
<b>EXPENSES</b>	\$	\$
Total monthly household expenses	\$	-----
Average monthly business expenses	-----	



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c. Estimated Personal Assets and Liabilities

Table with 4 columns: Type of asset, Current Value, Liability, \$ Amount. Rows include Cash on hand, Savings, checking, Stock, etc, Real Estate, Automobile, Other Assets, and Total.

- 1. Attach detailed personal financial statement [use SBA Form 413(10-08)].
2. For start-ups, or Existing Businesses attach Business Financial statements together with your business expansion or start-up Plan;

Authorization Certification

I attest that all of the information on this application is true. I authorize the Alliance to investigate and verify the above information and contact any references regarding this application. I also authorize the Alliance to perform a credit check that may include obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors from time to time as authorized by law.

(Attach non-refundable 'Application Fee' of \$\_\_\_)

Borrower: \_\_\_\_\_
Name Signature Date



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**Attachments check list:**

*Please check all those submitted with your application. Where Items are inapplicable, indicate as N/A (Not Applicable)*

Attached	Description	N/A
<input type="checkbox"/>	Cover Letter (including Loan amount requested, purpose of the loan and proposed source and date of repayment)	
<input type="checkbox"/>	Evidence of residency status	
<input type="checkbox"/>	Eligibility Assessment Sheet	
<input type="checkbox"/>	Applicant's Resume and Copy of Driver's license	
<input type="checkbox"/>	Completed Loan Application Form	
<input type="checkbox"/>	Copy of current business license	
<input type="checkbox"/>	Business Plan	
<input type="checkbox"/>	2 years Fiscal year-end financial statement for your Business	
<input type="checkbox"/>	Detailed Personal Financial Statement for each principal, partner, and stockholder of more than 20% of business. (SBA-413)	
<input type="checkbox"/>	Current interim financial Statement for your business	
<input type="checkbox"/>	3 year(s) income tax returns (Business and personal)	
<input type="checkbox"/>	Partnership Agreement, Corporation Bylaws and Articles of Incorporation	
<input type="checkbox"/>	Details and evidence of collateral pledged, including SBA Form-4A	
<input type="checkbox"/>	SBA Form 1624	
<input type="checkbox"/>	SBA Form 1846	
<input type="checkbox"/>		