



# ALLIACE FOR MULTICULTURAL COMMUNITY SERVICES

## Eligibility Assessment

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

### TO BE COMPLETED BY EACH OF THE FOLLOWING:

(Please check your role below)

Primary Applicant (*Proprietor*)  Co-Applicant (*Partner*)  Director  Officer  Hired Manager   
Stock Holder Owning 20% or more of voting stock  Any other person or entity providing guarantee of loan

### 1 Personal Information

\_\_\_\_\_ Date of Birth. \_\_\_\_\_

Name Last First Middle Initial

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Street Address City State Zip Years at this Address

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Home Telephone Cellular/ Pager Other Phone E – Mail:

Residency Status: Refugee  Asylee  U.S. Citizen  Country of Origin: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_ Driver’s License No. \_\_\_\_\_

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Employer Street Address City State Zip

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Position and length of Employment (Years) Work Telephone

Relationship with primary applicant: Spouse  Other  \_\_\_\_\_

### 2. DEMOGRAPHIC INFORMATION

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

### 3. Business Information

Registered Name of Business Primary Business Activity

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Legal Structure:  Sole Proprietor  Corporation  Limited Liability Company (LLC)



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Type of Business: \_\_\_\_\_

Length of Time Owning Business: \_\_\_\_ Years      \_\_\_\_ Months      \_\_\_\_ Start Up      % Ownership \_\_\_\_\_

Description of Business: \_\_\_\_\_

### 4. Basic Eligibility Criteria

Do you have a bank account:  Yes       No

If yes:  Personal       Business       Both

Savings       Checking       Both

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

### Basic Qualification Criteria Check List *(please answer all questions)*

1	Have you applied to a Bank or other financial institution and been denied loan for your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you have a written business plan for start-up or for expansion for your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you applied to a Bank or other financial institution for loan and have been turned down.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Is your business for profit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Is your Business a gambling establishment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Is your business a franchise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Is your business a non-profit child care establishment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Is your business engaged in any illegal activities, Lending activities, other speculative activities, pyramid sales plan, or real estate investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Have you been charged and convicted of any criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Do you have any other outstanding police, public or legal issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Have you had a previous SBA Loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	If yes, has the loan been paid in full or is it current?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Do you have unpaid taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Do you owe any outstanding child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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15	Have you applied with any other intermediary for this SBA Microloan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Have you ever defaulted on any federal government contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Have you ever defaulted on student loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Have you ever filed bankruptcy? **	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Are you, or your business involved in any law suits? **	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Do you have experience in the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	Do you have a co-signer willing to guarantee your loan ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22	Do you have proof of owner equity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23	Do you own real property (excluding homestead)	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Submission of a business plan for start up and expansion plan for existing business is a requirement for evaluation of the application*

**\*\* Attach detailed Personal Financial Statement (SBA Form 413) resume, and last three years income tax return for each principal, partner, stockholder of more than 20% of business**

#### Authorization Certification

I affirm 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. The release of all information by the Alliance in any manner is hereby authorized whether such information is of record or not and I hereby release all persons, agencies, firms, companies etc. from any damages resulting from such information. I understand that the Alliance will retain this application whether the loan is approved or denied and that I can appeal the decision if the loan is denied.

For items 18, 19 above answered as “yes”, please provide additional explanations on a separate sheet

***(Attach a non-refundable fee of \$25.00 per applicant to be use for credit history confirmation)***

**Signatory:** \_\_\_\_\_

Name	Signature	Date
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#### ***For Office Use Only***

Information provided adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional information requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
Application deemed eligible?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Client informed of finding _____	Initial _____	