

BUSINESS DEVELOPMENT LOAN APPLICATION

I. LOAN INFORMATION:

<p style="text-align: center;">Amount Term</p> <p>TOTAL LOAN REQUEST \$ _____</p> <p>PURPOSE OF LOAN _____</p>	<p>ALL LOANS REQUIRE COLLATERAL</p> <p>What type of collateral will you pledge for this loan?</p> <p>_____</p> <p>_____</p>
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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>Start Date _____</p> <p>List all dependents:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Date of Birth</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name	Date of Birth	_____	_____	_____	_____	_____	_____	<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>Start Date _____</p> <p>List all dependents:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Date of Birth</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name	Date of Birth	_____	_____	_____	_____	_____	_____
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<p>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"/></p>	<p>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</p>
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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: _____

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, Cindy Green at 276-619-2243 or cgreen@peopleinc.net

Printed Name of Applicant

Printed Name of Co-Applciant

Signature of Applicant

Date

Signature of Co-Applciant

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
 Maritza Amrhein
 Business Development Mgr
mamrhein@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?			
<input type="checkbox"/> SBA		<input type="checkbox"/> Other Government Agency	<input type="checkbox"/> Website
<input type="checkbox"/> SBDC		<input type="checkbox"/> Local Bank	<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 <input type="checkbox"/> No		Year: _____	
Check all that apply:			
<input type="checkbox"/> Farmer <input type="checkbox"/> Seasonal Farmer <input type="checkbox"/> Migrant Farm Worker			
Signature:			
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) Microloan program. Funding is also received from the State of Virginia, local government and Private sources.			
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 .			
We Look Forward to Serving You!			
List the organization or individual who provided you with this application. _____			
