



Microfinance Standard Loan Application

If you have questions or need assistance completing the application, please contact the Community Economic Development Department at 260-423-3546 ext. 563

Loan Application Checklist

| For All Loans | Check |
|--|-------|
| Signed loan application | |
| Copy of driver's license | |
| Last 2 months of pay stubs | |
| Last 3 Bank Statements | |
| Personal Financial Statement | |
| Personal tax returns (most recent two years) | |
| Application fee: \$75, \$25 | |
| Business Plan | |
| 12 month cash flow statement | |
| Personal Budget Form | |
| Professional License(s) (If Applicable) | |
| Resume | |

Existing Businesses Only

| | |
|---|--|
| Business tax returns (most recent two years) | |
| Profit/loss statement (most recent two years) | |
| Balance Sheet (most recent year- end) | |
| Certificate of Assumed Business Name | |
| EIN Number or Letter | |
| Proof of Business Insurance | |

Loan Application Date _____

Main Office
 227 E. Washington Blvd.
 P.O. Box 10570
 Fort Wayne, IN 46853-0570
 260.423.3546
 800.589.2264 (Brightpoint)

Intended Use of Loan Funds

Working Capital

| | Amount |
|-------------------------------------|----------|
| -Rent for new location | \$ _____ |
| -Rent for current location | \$ _____ |
| -Utilities | \$ _____ |
| -Employee Wages-New Hire | \$ _____ |
| -Employee Wages-Current Employee(s) | \$ _____ |
| -Other _____ | \$ _____ |

Note:

Please attach copy of lease
Please attach copy of lease

Professional Services (Please attach a copy of professional service estimate)

| | |
|---------------|----------|
| -Marketing | \$ _____ |
| -Attorney | \$ _____ |
| -Accountant | \$ _____ |
| -Construction | \$ _____ |
| -Other _____ | \$ _____ |

Inventory

| | |
|-----------------------|----------|
| -Retail Inventory | \$ _____ |
| -Production Inventory | \$ _____ |
| -Other _____ | \$ _____ |

Please attach copy of invoice
Please attach copy of invoice

Equipment

| | |
|-----------------------------|----------|
| -Replace existing equipment | \$ _____ |
| -Equipment for expansion | \$ _____ |
| -Other _____ | \$ _____ |

(Please list specific equipment)

Purchase of Existing Business/Franchise \$ _____

Copy of purchase agreement

Total Request \$ _____

Note: If request is greater than \$20,000 a turndown letter from another lender is required.

Have you previously **applied** for a loan through our Revolving Loan Fund?

Yes No

If Yes, when? _____

Have you previously **received** a loan through our Revolving Loan Fund?

Yes No

If Yes, when and for how much?

Business Information

Business Name _____ Telephone _____

Business Address _____

Nature of Business Service Retail Manufacturing Construction IT
 Agriculture Other, explain _____

What are the products or services that your business sells?

Business Formation Date _____ Federal tax ID number _____

Business Structure Sole Proprietorship S Corporation C Corporation LLC
 General Partnership Limited Partnership

Please list Owners of the Business

| Name | Position in the Business | % Ownership |
|----------|--------------------------|-------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

Business References

| Creditor's Name | Address(street, address, city, zip) | Telephone Number |
|-----------------|-------------------------------------|------------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Do you currently have Bank Financing? Yes No
If Yes, please list your loan officer and contact information (telephone and email)

If yes, list the amount \$ _____ What assets are securing this loan? _____

Have you ever been denied a business loan?

Yes No

If Yes, please describe when, the creditor, and the reasons given:

Number of current employees:

| | | | |
|-----------|--------|--------------------------|-------------------------|
| Owner | _____@ | Hourly Wage/Salary _____ | Hours worked/week _____ |
| Part Time | _____@ | Hourly Wage/Salary _____ | Hours worked/week _____ |
| Full Time | _____@ | Hourly Wage/Salary _____ | Hours worked/week _____ |
| Family | _____@ | Hourly Wage/Salary _____ | Hours worked/week _____ |

List the number of projected positions which will be available once you receive the loan

Part Time _____ Full Time _____

How many days a week are you open for business? _____

Is your business seasonal?

Yes No

If Yes, please explain:

Are you current on your Indiana State taxes for your business?

Yes No

If no, please describe the details:

Accountant

Attorney

Name _____

Name _____

Firm _____

Firm _____

Banker

Insurance Agent

Name _____

Name _____

Bank _____

Company _____

Personal Information

Applicant name (Last, First, Middle)

Present Street address

City

State

Zip

Number of years at
above address

County you reside in

Number of people in Household
(including the applicant)

Previous address (if less than two years
At current address)

City

State

Zip

Home telephone _____

Cell telephone _____

E-mail _____

Are you current on your personal Indiana State taxes?

Yes No

If no, please describe the details:

Present Employer (if applicable)

Supervisor's Name

Work telephone number

Do you have health insurance?

Yes No

If Yes, Name of insurance provider _____

Do you own your own home?

Yes No

If Yes, Name of Mortgage Holder _____

If you rent, please provide your landlord's contact information

Landlord's Name

Address (street address, city, zip)

Telephone number

Personal References

Name

Address(street, address, city, zip)

Telephone number

1. _____

2. _____

3. _____

Provide a list of community service involvement activities:

Are you a co-maker, endorser, or guarantor on any loan or contract?

Yes No

If yes, please explain:

Are all your financial obligations listed on the Personal Financial Statement?

Yes No

If no, please attach a listing of additional obligations.

Do you have any bills that are more than 30 days past due?

Yes No

Have you (or your business) ever filed a petition for bankruptcy or creditor protection? Yes No

Have you ever had, or currently do you have any judgments pending against you?

Yes No

If you have pending judgments, please explain:

| | | | |
|--|------------------------|------------|-----|
| <hr/> | | | |
| Co -Applicant name (First, Last, Middle) (if applicable) | Social Security number | Birth date | |
| Present Street address | City | State | Zip |
| Previous address (if less than two years at current address) | City | State | Zip |

ECOA Disclosure

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, and age; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

The following answers are voluntary and are requested for the purpose of determining compliance with federal civil rights law and for our own statistical monitoring. Your response to these questions will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.

Please sign your signature at the bottom of the page stating that you have read the information and that a copy of this form has been given to you for your records.

Gender: Male Female

Marital Status: Single Married Widowed Divorced

Ethnicity: African American Asian Hispanic Native American White Other

Additional Optional Borrower questions can be found on the Addendum attached hereto.

The loan applicant herein certifies that:

- To the best of the applicant's knowledge and belief, the data presented in this application is true, complete and correct, and is provided for the purpose of obtaining or maintaining credit.
- Upon approval of the funds requested, the applicant is willing and is duly and legally authorize to enter into a legally binding loan commitment and will comply with all of the provisions and conditions of any loan agreement.
- The applicant hereby authorizes the Loan Committee, its authorized agent and representatives, to investigate the applicant's credit worthiness, credit capacity, or business affairs.
- The applicant hereby authorizes any person, business, and/or financial institution having information pertaining to the applicant's credit worthiness credit capacity, or business affairs to release the same to the Loan Review Committee, its authorized agents or representatives.
- The applicant agrees to hold harmless the Brightpoint its officers, agents, and the BEED Loan Revolving Fund Loan Review Committee members and their respective organizations form liability as a result of actions and outcomes taken during or after the loan review process.

Company Name

By (Applicant's signature)

Printed Name

Title

Date

Company Name

By (Co-applicant's signature)

Printed Name

Title

Date

Credit Report Authorization and Release

Authorization is hereby granted to Brightpoint to obtain a standard factual data credit report through a credit reporting agency chose by Brightpoint

My signature below authorizes the release to the credit-reporting agency a copy of my credit application and authorizes the credit-reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgage, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above-mentioned information

Any reproduction of this credit report authorized and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Applicant signature

Date

Social Security Number

Birth date

Co Applicant signature

Date

Social Security Number

Birth date

Addendum of Additional Borrower Information

The Loan Review Committee may find the following questions helpful in assessing the strength of the applicant.

Have you ever committed a felony? Yes No
If yes, please describe _____

Are you currently on probation?

If yes, name of the probation officer (PO) _____
Expected length of probation period _____
Telephone number of your PO _____

Are you current on child support? Yes No

I Do Not Have Child Support Obligations .

How did you hear about the Brightpoint Development Fund? (Please Circle)

ISBDC NIIC Brightpoint Employee Website Family/Friend SCORE
Bank _____ Community Event _____ Other _____

Background Check Authorization and Release

If the Loan Review Committee wishes to conduct a background check on the applicant, the following form should be used:

I, _____, hereby authorize Brightpoint to investigate my background and qualifications for purposes of evaluating my loan application. I understand that Brightpoint will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Applicant signature

Date

Social Security Number

Birth date

Co Applicant signature

Date

Social Security Number

Birth date