

Loan Application Form

NOTE: Each person who owns 20% or more of the business must complete this application in order to be considered.

Please print legibly.

Date: ____/____/____

I – Business Information

Business Name: _____

Business Address: _____

City: _____ County: _____ Zip: _____

Business Phone #: _____ Business Fax #: _____

Email: _____

Website: _____

Pre-Business (not open yet) _____

Start-up (open less than 1 year) _____

Existing (open more than 1 year) _____

If Start-up or Existing, when was the business established? ____/____ (month/year)

Legal Structure (Proprietorship, LLC, Corporation, Partnership etc.): _____

Federal Tax ID# (if applicable): _____

Description of existing/ proposed business: _____

Number of jobs to be created within the first year (including yourself): _____

Equity in Business; \$ _____

(Please estimate the value of inventory, equipment, or other assets that you have purchased to date.)

II – Ownership Information

Complete this section on each person owning 20% or more of the business. Use additional sheets as necessary.

Name: _____ SSN/ ITIN # _____

Home Address: _____ City: _____

County: _____ Zip: _____ Own: _____ Rent: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____ Email Address: _____

Number of people in household: _____ Total gross annual household income: \$ _____

Position: _____ Percentage of ownership: _____

Name: _____ SSN/ ITIN # _____

Home Address: _____ City: _____

County: _____ Zip: _____ Own: _____ Rent: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____ Email Address: _____

Number of people in household: _____ Total gross annual household income: \$ _____

Position: _____ Percentage of ownership: _____

Name: _____ SSN/ ITIN # _____

Home Address: _____ City: _____

County: _____ Zip: _____ Own: _____ Rent: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____ Email Address: _____

Number of people in household: _____ Total gross annual household income: \$ _____

Position: _____ Percentage of ownership: _____

III – Loan Request

Amount Requested: \$_____ (Up to 10,000)

Length of Loan Term: _____

Use of Loan Funds

Please provide further detail of business plan

Use	Amount	Description
Building rent/renovation		
Equipment		
Inventory		
Supplies		
Marketing/ Advertising		
Working Capital		
Other		
Fees		
Total		(up to \$10,000)

Collateral

Please list all property which you own and are willing to offer as collateral for this loan. Also, please list all property which you intend to purchase with the proceeds of the loan which can be used as collateral (e.g., equipment).

Item Description	Cost/Value	Presently owned (Y/N)	Will Acquire (Y/N)

IV – Applicant Questionnaire

	YES	NO	N/A
1. Who referred you to the Idaho Hispanic Chamber of Commerce?			
2. Are you presently employed?			
3. If yes, will you remain employed outside your business?			
4. If you are currently in business, how long have you had it _____months _____years?			
5. Have you previously received a loan from the IHCC? Amount:			
6. Have you had previous development training? If yes, when and through which program?			
7. Do you have formal training experience in this field? If yes, explain below.			
8. Did your business make a profit last year?			
9. Are you current on all business and personal taxes?			
10. Have you or any officers of your company ever filed bankruptcy? (if yes, explain) If yes, has the bankruptcy been discharged? Date:			
11. Have any personal or business bank accounts had returned NSF in the last 3 months?			
12. Do you owe any outstanding child support? If yes, please explain below.			
13. Do you own other real estate property, excluding primary residence? If yes, provide details below.			
14. Is there another person willing to guarantee on your loan? If yes, please provide name, personal financial statement, tax return, or proof of income			
15. Will your credit report show you have been current with creditors for the past year? In no, please explain below.			
16. Have you addressed any derogatory statements on your credit report? If no, please explain below.			
17. Do you have a Social Security Number or ITIN?			
18. Are you or your business involved in pending lawsuits? If yes, please explain below.			
19. Do you have any outstanding police, public, or legal issues? If yes, please explain below.			

Explanations

Please number your explanations so they correspond to the item above. Attach additional sheets if necessary.

What are your personal and financial contributions to the business?

At what point would you decide that the business isn't working and end the business efforts?

Personal Reference

Two required: Name, Phone No., and relationship to you (please do not list relatives)

1. _____

2. _____

Landlord Reference (only if you rent)

Name: _____ Phone No. _____

Nearest relatives not living with you
Name, Address, Phone No.

1. _____

2. _____

The undersigned authorize(s) the Idaho Hispanic Chamber of Commerce Micro-Loan Fund to gather all consumer and business information, included regular and investigative reports relevant to the approval of this requested loan and relevant to the continued borrowing relationship of the undersigned and the IHCC. The undersigned further request(s) and authorize(s) all creditors and all consumer and business reporting agencies to furnish such information to the IHCC. The undersigned acknowledge(s) that this completed and signed application is only an application for credit. This application even if favorably received does not constitute a commitment on the part of the IHCC to extend credit. The undersigned represent(s) and warrants(s) that the undersigned has (have) no knowledge of any fact that does or with the passage of time could materially adversely affect the credit worthiness of the undersigned for purposes of ether obtaining or repaying this loan. The undersigned agree(s) to notify the IHCC immediately in writing if any of the foregoing information becomes inaccurate or misleading in any respect. I understand that if I receive a loan from the IHCC, that I will be required to work with the IHCC staff and business advisors.

I HERBY ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND ACCURATELY REFLECTS MY INTENDED RESPONSE.

Applicant(s):

Co-maker/ Grantor

Signature Date

Signature Date

Signature Date

Signature Date