



SMALL BUSINESS LOAN APPLICATION

1. APPLICANT INFORMATION

| | | |
|-----------------------------------|-------------------------------------|------------------------------------|
| Name: | SSN: _____ - _____ - _____ | DOB: ____/____/____ |
| Address: | City: | State: Zip: |
| Home Phone: _____ - _____ - _____ | Mobile Phone: _____ - _____ - _____ | Home Fax: _____ - _____ - _____ |
| Email: | Years of Education: ____ | Years of Industry Experience: ____ |

2. CO-APPLICANT INFORMATION

| | | |
|-----------------------------------|-------------------------------------|---------------------------------|
| Name: | SSN: _____ - _____ - _____ | DOB: ____/____/____ |
| Address: | City: | State: Zip: |
| Home Phone: _____ - _____ - _____ | Mobile Phone: _____ - _____ - _____ | Home Fax: _____ - _____ - _____ |

3. BUSINESS INFORMATION

| | | | |
|-------------------------------------|--|-----------------------------------|---|
| Name: | | | |
| Address: | City: | State: | Zip: |
| Office Phone: _____ - _____ - _____ | Mobile Phone: _____ - _____ - _____ | Office Fax: _____ - _____ - _____ | |
| Description of Business: | | | Time Owning Business: Years ____ Months ____ |
| Type of Ownership: | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit | | |
| Location of Business: | <input type="checkbox"/> Home <input type="checkbox"/> Street <input type="checkbox"/> Market <input type="checkbox"/> Storefront <input type="checkbox"/> Other _____ | | |

4. EMPLOYMENT INFORMATION

| | | |
|-------------------|---|-----------------------------|
| 1. Employer Name: | Employer Contact Information: _____ - _____ - _____ | Monthly Income: \$ _____ |
| 2. Employer Name: | Employer Contact Information: _____ - _____ - _____ | Monthly Income: \$ _____ |

5. LANDLORD INFORMATION

| | | |
|--|---|---|
| Residential Property: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting | Time At Current Location: Years ____ Months ____ | Landlord Contact Information: _____ - _____ - _____ |
| Business Property: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgage <input type="checkbox"/> Renting | Time At Current Location: Years ____ Months ____ | Landlord Contact Information: _____ - _____ - _____ |

6. REFERRAL SOURCE

| |
|---------------------------------|
| How did you learn about Accion? |
|---------------------------------|

7. REFERENCES

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|-----------------------|
| 1. | | _____ - _____ - _____ |
| 2. | | _____ - _____ - _____ |
| 3. | | _____ - _____ - _____ |

8. CREDIT INFORMATION

| | | |
|---|--|--|
| If you presently have an active bankruptcy, you do not qualify for a loan under our program's guidelines. If you have successfully completed your bankruptcy plan, please provide us with your discharge papers. | Have you ever filed for bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO | If so, is it still active? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If you presently show past due or slow pay in child support accounts, you do not qualify for a loan under our program's guidelines. If you are under a payment plan and in compliance with it, please provide us with proof of repayment. | Are you behind on any child support payments? <input type="checkbox"/> YES <input type="checkbox"/> NO | Can you prove that you are current? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| It is important to inform Accion if you are presently delinquent on your mortgage and/or vehicle payments. If you are aware such accounts are appearing as late on your credit report, and are in fact up-to-date, please provide supporting information. | Are you behind on any mortgage and/or vehicle payments? <input type="checkbox"/> YES <input type="checkbox"/> NO | Can you prove that you are current? <input type="checkbox"/> YES <input type="checkbox"/> NO |

9. LOAN REQUEST

| | | | |
|----------------------------|---|---|--|
| Total Requested Amount: \$ | | Please break down the total requested amount by loan purposes | |
| \$ | Loan Purpose 1: | | |
| \$ | Loan Purpose 2: | | |
| \$ | Loan Purpose 3: | | |
| \$ | Loan Purpose 4: | | |
| Minimum Required Amount | | Please specify which loan purpose(s) the minimum required amount will apply toward: | |
| \$ | <input type="checkbox"/> Loan Purpose 1 <input type="checkbox"/> Loan Purpose 2 <input type="checkbox"/> Loan Purpose 3 <input type="checkbox"/> Loan Purpose 4 | | |

10. MONTHLY FINANCIALS

| PERSONAL INCOME | |
|--------------------------------|----|
| Take home from business: | \$ |
| Spouse's income: | \$ |
| Applicant's employment income: | \$ |
| Other income _____: | \$ |
| <i>Total Income:</i> | \$ |

| BUSINESS INCOME | |
|----------------------|----|
| Gross sales: | \$ |
| Other income _____: | \$ |
| Other income _____: | \$ |
| Other income _____: | \$ |
| <i>Total Income:</i> | \$ |

| PERSONAL EXPENSES | |
|-------------------------------------|----|
| Education and childcare: | \$ |
| Food and clothing: | \$ |
| Child support/alimony: | \$ |
| Home utilities: | \$ |
| Insurance, gasoline, miscellaneous: | \$ |
| Home rent/mortgage: | \$ |
| Credit card payments: | \$ |
| Vehicle and other loans payments: | \$ |
| <i>Total Expenses:</i> | \$ |

| BUSINESS EXPENSES | |
|--|----|
| Cost of goods sold (merchandise, inventory): | \$ |
| Salaries/labor: | \$ |
| Registration fees, permits, and licensing: | \$ |
| Business utilities: | \$ |
| Insurance, gasoline, miscellaneous: | \$ |
| Business rent/mortgage: | \$ |
| Credit card payments: | \$ |
| Vehicle and other loan payments: | \$ |
| <i>Total Expenses:</i> | \$ |

11. COLLATERAL

| DESCRIPTION OF ASSET | SERIAL NUMBER/V.I.N. | VALUE | OWNED |
|----------------------|----------------------|-------|--|
| 1. | | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. | | \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

I attest that all of the information on this application is true. I authorize Accion New Mexico-Arizona-Colorado (Accion) to investigate and verify the above information, and contact any references regarding this application. I also authorize Accion to perform a credit check, which 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 in any manner by Accion of all information 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 if I am applying as a co-borrower, co-applicant, or co-signer, I am applying for joint credit with the other parties on this application. I understand that if I receive a loan from Accion, I must make my full monthly payments on time. I understand that I cannot be delinquent in my repayment of this loan and that I must use the loan for the business purpose I specified in my loan application. I also understand that delinquent loan payments can adversely affect my credit record. I understand that Accion will retain this application whether the loan is approved or denied and that I can appeal a denial of this loan request. By submitting this application, I agree to the above terms and acknowledge that my application is not complete until all required documents are received.

12. SIGNATURE

| | |
|-------------------------|----------------------|
| Applicant Signature: | Date: ____/____/____ |
| Co-Applicant Signature: | Date: ____/____/____ |

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing that the applicant has the capacity to enter into a binding contract); 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 Federal agency that administrates compliance with this law concerning this creditor is the Federal Trade Commission. For more information you may contact the Federal Trade Commission Consumer Response Center by phone at 1-877-382-4357 or TDD 1-866-653-4261 or via www.ftc.gov.