****

**New Mexico SEEDLOANS Program**

*Self Employment for Entrepreneurs with Disabilities*

**LOAN APPLICATION FORM**

Applicant Name

 (Last, First, Middle initial) \_

 Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_

 City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (If different from physical address)

 Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are You A Client of DVR? *Yes/No?*

 How Did You Hear About Us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to disabled person who will use the equipment \_

Description of equipment and how it will assist with business operation or employment:

 (Attach itemized price quotes for all equipment and related installation services to be purchased with the loan)

Amount of loan request $ \_\_

(Include: costs of device purchase, extended warranty, service agreement, insurance,

training, maintenance and repair of existing equipment, and equipment installation services)

Terms on Loan (0-60 months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Monthly gross income $ (Include earned and unearned income. For example: Social Security, SSI, and SSDI, and the income of a spouse if applicable)

 Description of income sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Total monthly installment payments $ (Include rent/mortgage, credit card payments and unsecured loans)

 Total assets $ (Include motor vehicles, homes, and other real or personal property that require licensing and a title)

By signing below, I verify the information submitted in this application and any supporting document is true, accurate and complete, to the best of my knowledge. I also authorize the release of information between the NM SEED Loans Program and participating lender(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Applicant Signature Date

Send application to:

Larry Maestas, NM SEEDLOANS Coordinator

PO BOX 6588

Albuquerque, NM 87197

nmseedloans@gmail.com

*The NM SEEDLOANS Advisory Council, at its discretion, may request additional information to verify the need for, and appropriateness of, the equipment such as: evaluation reports, physician orders or other documentation.*