



## SELF-EMPLOYMENT MICRO-LOAN APPLICATION FORM

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS A LOAN REQUEST.  
PLEASE PROVIDE ALL REQUIRED DOCUMENTS AND FILL IN ALL INFORMATION COMPLETELY  
FOR CONSIDERATION.

1. Application Form (attached)
2. Two-Year Projections (these should be realistic based on the type of business - attached)
3. Disclosure & Certification Agreements (attached)
4. Full Business Plan, including
  - a. Description of your business,
  - b. Information on your products/services,
  - c. Description of market(s) to be served,
  - d. Marketing plan,
5. Current Profit & Loss Statement (if an existing business)



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**FOR OFFICIAL USE ONLY**

Date Approved/Rejected	_____	Application Date	_____
Amount Requested	_____	Participating Bank	_____
Amount Approved	_____		

**1) BUSINESS INFORMATION:**

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone# \_\_\_\_\_ Tax ID# \_\_\_\_\_  
FAX# \_\_\_\_\_

- a) Legal Structure: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Co-op ☐ Other  
i) If "Corporation," select type: ☐ Standard ☐ S-Corporation ☐ LLC ☐ Non-Profit ☐ Other  
ii) If "Other" (either for legal structure or corporation type), specify:  
\_\_\_\_\_

b) Years in business \_\_\_\_\_ Date business started \_\_\_\_\_

c) If Corporation/Partnership/Co-op list Officers/Partners/Member Owners (Attach additional sheets if needed)

Name	Title	% Ownership (if applicable)	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d) Brief Description of the Business(products, services, customer base, etc.): (A more complete description must be provided in the business plan)

**2) Primary Support Services Provider** ☐ Paid ☐ Unpaid

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Describe supports provided: \_\_\_\_\_

3) Other Support Services Provider (Optional) ☐ Paid ☐ Unpaid

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe supports provided:

#### 4) PROJECT COSTS/EXPENSES:

a) Purpose of Loan \_\_\_\_\_

b) Amount Requested	
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c) Other Income	
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d) Total Project Costs	
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5) Describe how this purchase will improve your business and how it fits in with your business plan:

## 6) REPAYMENT PLAN

a) Select preferred repayment option:

A monthly payment of \_\_\_\_\_ -OR- A total of \_\_\_\_\_ monthly payments

(Actual repayment terms will be negotiated prior to final loan approval and acceptance)

7) **BANK REFERENCES:** Business and/or Personal (at least one account required)

Account Type	Account #	Name/Branch of Bank	Business or Personal	Account Owner (if not business owner)
Checking				

## Checking

Savings

Savings

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a) If account is held by another person, give details

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship to Business Owner \_\_\_\_\_

8) Please complete the following additional information:

a) Has the business or any of its owners ever filed for bankruptcy protection? (If yes, give details.)

b) Has the business applied to a bank for a loan? (If yes, give details.)

c) Are all Payroll, Federal, State and Local taxes current? (If no, give details)

9) FINANCIAL DATA  
Two (2) Year Projection  
(Third Year Optional)

	YEAR 1	YEAR 2	YEAR 3
	200 <u>  </u>	200 <u>  </u>	200 <u>  </u>
SALES			
Less: COST OF GOODS			
GROSS PROFIT			
OPERATING EXPENSES			
Salaries, Wages			
Commissions			
Outside Labor			
Payroll Taxes			
Advertising & Promotion			
Car & Delivery			
Gen. Office Admin			
Legal & Accounting			
Operating Supplies			
Bad Debts			
Rent			
Repairs & Maintenance			
Utilities			
Insurance			
Taxes & Licenses			
Depreciation			
Interest			
Miscellaneous			
TOTAL OPERATING EXPENSES			
PROFIT (LOSS) PRE-TAX			
TAXES			
NET PROFIT (LOSS)			

10) TECHNICAL SERVICE PROVIDER

- Did you receive technical assistance in completing this application?
- If yes, name of Technical Service Provider\_\_\_\_\_

## **DISCLOSURE AGREEMENT**

**Having submitted a Micro-Loan Fund Application, and in accordance with the policies and practices of the HCAR's Self-Employment Micro-Loan Program, I/We, the undersigned, hereby authorize and give consent to HCAR staff to contact all persons, parties, institutions, etc., to whom I/We are indebted, for the purpose of obtaining a confidential credit report.**

**This Agreement also prohibits HCAR staff from divulging or offering this confidential information to any persons, parties, institutions, etc., except those persons constituting the HCAR Self-Employment Micro-Loan Review Committee.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **CERTIFICATION & DISCLOSURE AGREEMENT**

**I hereby certify the information contained in this application is true and correct. The Undersigned further represents that there are no encumbrances against any of the foregoing property except those specifically disclosed above. HCAR is authorized to verify the information disclosed and to perform a credit investigation. The Undersigned authorizes HCAR to give credit information to any credit reporting service and to advise others about your credit experience with HCAR. It is also agreed that your financial statement shall remain the property of HCAR whether or not credit is granted and that all documentation will be maintained to protect your confidentiality in accordance with all applicable legal or regulatory requirements.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant/Guarantor

Reviewed by HCAR Staff

\_\_\_\_\_  
Authorized Signature/Title