



# Small Business Loan Inquiry Form

Inquiry Date:	Form Prepared By:
Referral Source Type (e.g. newspaper, event, bank):	Referral Source Individual's Name (if applicable):
Referral Source Organization Name (if applicable):	

**BORROWER INFORMATION**

Contact Name:	Contact Phone:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Legal Name:	DBA (Doing Business As):		
Business Street Address:			
City:	State:	Zip:	Neighborhood:
Email Address:	Website Address:		

**BUSINESS CHARACTERISTICS**

Industry: <input type="checkbox"/> Food/Restaurant <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Arts <input type="checkbox"/> Other		
Entity Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other		
Brief Description of Business:		
Year Business Established (e.g. 2005):	Years in Operation:	<input type="checkbox"/> Minority-owned <input type="checkbox"/> Woman-owned
Previous Year's Gross Revenue: \$	Net Income: \$	<input type="checkbox"/> Veteran-owned <input type="checkbox"/> Owner living with a disability
Number of Full Time Employees:	YTD Revenue: \$ Through month end ____/20____	

**LOAN REQUEST**

Loan Amount Requested: \$	Existing Loan from Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	Asked bank for loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Use of Funds:		Comments (Optional):

**DO NOT ENTER BELOW THIS LINE. FOR TRUFUND FINANCIAL SERVICES ONLY**

Eligible Inquiry? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Deemed Eligible/Ineligible:	LMI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason Deemed Ineligible:
Suggested allocation:			<input type="checkbox"/> Client Decided Not to Pursue Loan <input type="checkbox"/> Existing Borrower that is Delinquent <input type="checkbox"/> Geographic Location <input type="checkbox"/> In Operation < 12 months <input type="checkbox"/> Ineligible Sector <input type="checkbox"/> Ineligible Use of Funds <input type="checkbox"/> No Charitable Purpose or Program Fit <input type="checkbox"/> Revenues < \$200,000
Comments			