

**Community Business Partnership, Inc.  
Microloan Program  
Application**

**1. General Information**

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

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Business Phone No.: (\_\_\_\_)\_\_\_\_\_ Fax No.: (\_\_\_\_)\_\_\_\_\_

Business E-mail: \_\_\_\_\_

Tax Identification No/ SSN: \_\_\_\_\_

Green Card No: \_\_\_\_\_

Current No. of Employees (at time of application): \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

**2. Loan Request Amount: \$ \_\_\_\_\_**

**Uses of Funds**

Provide a list of all that you will purchase with the loan proceeds from CBP.

<u>Equipment to be Purchased</u>	<u>Purchase Price</u>	<u>Total Cost</u>

**3. Owner Information**

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

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone No.: (\_\_\_\_)\_\_\_\_\_

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

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone No.: (\_\_\_\_)\_\_\_\_\_

**4. References**

**A. Bank:** \_\_\_\_\_

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone No: (\_\_\_\_)\_\_\_\_\_ Fax No: (\_\_\_\_)\_\_\_\_\_

Acct No: \_\_\_\_\_ Type of Account: \_\_\_\_\_

**B. Landlord:** \_\_\_\_\_

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone No: (\_\_\_\_)\_\_\_\_\_ Fax No: (\_\_\_\_)\_\_\_\_\_

**C. Vendor:** \_\_\_\_\_

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone No: (\_\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_\_) \_\_\_\_\_

## **5. Experience**

How many years have you been in business? \_\_\_\_\_

How many months/years experience do you have in this field? \_\_\_\_\_

## **6. Work History**

List most recent first. Attach a separate sheet if necessary.

**A.** Dates: \_\_\_\_\_ to \_\_\_\_\_

Company Name and Address:

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

Title & Responsibilities:

\_\_\_\_\_

**B.** Dates: \_\_\_\_\_ to \_\_\_\_\_

Company Name and Address:

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

Title & Responsibilities:

\_\_\_\_\_

**7. Co-Signers Or Guarantors**

Provide the following information for all persons who will be co-signing or guaranteeing the loan.

**A.** Name: \_\_\_\_\_ Tax ID # (Soc Sec #): \_\_\_\_\_

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

\_\_\_\_\_

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

**B.** Name: \_\_\_\_\_ Tax ID # (Soc Sec #): \_\_\_\_\_

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

\_\_\_\_\_

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

**8. Signature**

**I attest that I have provided complete and true information on this application. I understand that if I have knowingly provided false or misleading information, my application will be not considered and I will forfeit all fees paid to date and those incurred on my behalf in the preparing and considering of this loan application.**

**I understand that personal and/or business information may be requested pursuant to this Loan Application and I hereby give my consent for such information to be provided to the CBP Microloan Program and the Community Business Partnership, Inc. I also understand that the CBP Microloan Program retains the sole decision as to whether this Loan Application is approved, disapproved or modified. It is my right to accept or decline the loan amount, rate and/or terms provided by the Program.**

**I authorize the Community Business Partnership, to obtain a credit report on me through the credit reporting agency of its choice. If the CBP Microloan Program declines to issue a loan totally or partly due to information on the credit report, the Hispanic Equipment Loan Program will give me a copy of the credit report, the source of the credit report so that I may contact them if I wish, and a summary of my rights under the Fair Credit Reporting Act.**

\_\_\_\_\_  
**Name of Applicant (Printed)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Application**

\_\_\_\_\_  
**Name of Co-Applicant (Printed)**

\_\_\_\_\_  
**Signature of Co-Applicant**

\_\_\_\_\_  
**Date of Application**