

# LOAN APPLICATION

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Complete this application online at [cfra.org/loans](http://cfra.org/loans).

## GETTING STARTED

Business name: \_\_\_\_\_

Business email: \_\_\_\_\_ Business mobile phone: \_\_\_\_\_

Registration email: \_\_\_\_\_

## LOAN INFORMATION

Requested loan amount: \_\_\_\_\_ How soon funds are needed: \_\_\_\_\_

Purpose of funds:

How did you hear about us?

Minimum loan amount needed: \_\_\_\_\_

## ABOUT THE BUSINESS

Employer Identification Number: \_\_\_\_\_

Ownership structure:

- Corporation
- General Partnership
- Limited Liability Company
- Limited Liability Partnership
- Nonprofit
- Sole Proprietorship/Individual

Where do you conduct business?

- Commercial office space
- Home based
- Market place
- Street (vendor, truck)
- Storefront (retail)
- Other

How much time is your business open?

- Not yet open
- Full-time
- Seasonally
- Part-time

When did you begin operating this business? \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Industry: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Description of business: \_\_\_\_\_

Business contact information: \_\_\_\_\_

Business website: \_\_\_\_\_

Business address: \_\_\_\_\_

Apartment/suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Postal code: \_\_\_\_\_ County: \_\_\_\_\_



## BUSINESS LOCATION DETAILS

When did you begin operating at this location?

\_\_\_\_/\_\_\_\_  
Month Year

Do you own your business location?

Yes

No

Is your physical address different from your mailing address?

Yes

No

## BUSINESS INCOME

Average monthly gross sales: \_\_\_\_\_

Amount of monthly sales in credit cards: \_\_\_\_\_ Other monthly income: \_\_\_\_\_

Is this information based on actual financials:  Yes  No

Type of financials kept: \_\_\_\_\_

## BUSINESS EXPENSES

Cost of goods sold: \_\_\_\_\_

Business rent/mortgage: \_\_\_\_\_ Payroll (excluding yourself): \_\_\_\_\_

Utilities: \_\_\_\_\_ Payments to credit cards, vehicle, other loans: \_\_\_\_\_

Insurance, gasoline, misc.: \_\_\_\_\_

## BUSINESS ASSETS AND LIABILITIES

Equipment owned: \_\_\_\_\_

Equipment value: \_\_\_\_\_

Equipment use as collateral: \_\_\_\_\_

Total liability value: \_\_\_\_\_

## ABOUT THE BUSINESS OWNER

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Names credit can be under: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Driver's license state: \_\_\_\_\_



## BUSINESS OWNER ADDRESS INFORMATION

Address: \_\_\_\_\_  
Apartment/suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Postal code: \_\_\_\_\_ County: \_\_\_\_\_  
How long have you lived here: \_\_\_\_\_ Do you own your home:  Yes  No

## BUSINESS OWNER PERSONAL INCOME

Average monthly take-home from business: \_\_\_\_\_  
Spouse's income: \_\_\_\_\_ Applicant's employment income: \_\_\_\_\_  
Any other income: \_\_\_\_\_ Do you have a bank account?  Yes  No

## BUSINESS OWNER PERSONAL EXPENSES

Food and clothing: \_\_\_\_\_ Utilities: \_\_\_\_\_  
Education and child care: \_\_\_\_\_ Vehicle and other loan payments: \_\_\_\_\_  
Payments to credit cards: \_\_\_\_\_ Health care, insurance, gasoline, misc.: \_\_\_\_\_  
Home rent or mortgage: \_\_\_\_\_ Child support/alimony: \_\_\_\_\_ Other: \_\_\_\_\_

## ABOUT THE CO-BORROWER

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Names credit can be under: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
Social Security Number: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ Driver's license state: \_\_\_\_\_

## CO-BORROWER ADDRESS INFORMATION

Address: \_\_\_\_\_  
Apartment/suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Postal code: \_\_\_\_\_ County: \_\_\_\_\_

## CO-BORROWER PERSONAL INCOME

Average monthly take-home from business: \_\_\_\_\_  
Spouse's income: \_\_\_\_\_ Applicant's employment income: \_\_\_\_\_  
Any other income: \_\_\_\_\_ Do you have a bank account?  Yes  No



## CO-BORROWER PERSONAL EXPENSES

Food and clothing: \_\_\_\_\_ Utilities: \_\_\_\_\_

Education and child care: \_\_\_\_\_ Vehicle and other loan payments: \_\_\_\_\_

Payments to credit cards: \_\_\_\_\_ Health care, insurance, gasoline, misc.: \_\_\_\_\_

Home rent or mortgage: \_\_\_\_\_ Child support/alimony: \_\_\_\_\_ Other: \_\_\_\_\_

## IMPACT

Is your business environmentally-friendly?  Yes  No

## CURRENT EMPLOYEES (INCLUDING YOURSELF)

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

Number of new full-time jobs that will be created in 1-2 years: \_\_\_\_\_

Number of new part-time jobs that will be created in 1-2 years: \_\_\_\_\_

## OPTIONAL RESPONSES

Veteran status: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic or Latino origin:  Yes  No

Marital status: \_\_\_\_\_ Number of people in household including applicant: \_\_\_\_\_

Do you have any credit issues you would like to disclose?

## SIGNATURE

By signing this document, I attest that all of the information on this application is true. I authorize Center for Rural Affairs to investigate and verify the above information, and contact any references regarding this application. I also authorize Center for Rural Affairs 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 of all information by Center for Rural Affairs, in any manner, 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 Center for Rural Affairs will retain this application whether the loan is approved or denied.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

