

LOAN APPLICATION

DATE: _____ / _____ / _____
Month Day Year



Complete this application online at 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 Inc. to investigate and verify the above information, and contact any references regarding this application. I also authorize Center for Rural Affairs Inc. 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 Inc., 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 Inc. will retain this application whether the loan is approved or denied.

Signature

Date

