

# **WOODBURY AMERICAN DREAM ASSISTANCE PROGRAM**

## *Cooperative Business Assistance Corporation*

### **Business Loan Application**

This form is designed to provide WCLF/CBAC with sufficient information to permit effective consideration of your loan request. ***A fully completed application will eliminate unnecessary delays.***

Please note there is a **\$50.00 non-refundable application contribution** payable to CBAC when submitting this application.

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#### ***I. General Information***

Name of applicant: \_\_\_\_\_

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

(include zip code) \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
(include area codes)

Business bank of account: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Bank Officer: \_\_\_\_\_

Annual sales of business: \_\_\_\_\_

#### ***II. Ownership & Management***

Structure of business (Check One)

- Corporation
- Professional Corporation
- Sole Proprietorship
- Sub Chapter S Corporation
- Partnership
- Other \_\_\_\_\_

Ownership of applicant company (*List all owners & stockholders with 20% or more of total ownership*):

<i>Name</i>	<i>Percentage Owned</i>
1.	
2.	
3.	

Key Management:

<i>Name</i>	<i>Titles/Duties</i>	<i>Yrs. with Co.</i>	<i>Annual Comp. Salary / Bonuses</i>	<i>Life Ins. Amount</i>
1.				
2.				

3.					
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**III. COMPANY HISTORY/PROFILE**

Month/year business was established: \_\_\_\_\_ / \_\_\_\_\_ Tax ID or EIN #: \_\_\_\_\_

Line of Business: \_\_\_\_\_ SIC: \_\_\_\_\_

**Employment:**

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

Jobs to be created (next two years): full-time : \_\_\_\_\_ part-time: \_\_\_\_\_

**IV. MARKET**

**Five Largest Customers:** (Not applicable for retail businesses.)

1. (Name/Contact Person)	(Net Sales)
<i>(Address/Phone Number)</i>	
2.	
3.	
4.	
5.	

**Five Largest Suppliers:**

1. (Name/Contact Person)	(Credit Amount)
<i>(Address/Phone Number)</i>	
2.	
3.	
4.	
5.	

**Major Competitors:**

1. (Name)	3.
(Address)	
2.	4.

**V. Existing Business Loans Payable**

Creditor/ Acct. Number	Original Amount	Loan Date month/year	Term	Monthly Payment	Interest Rate	Outstanding Balance	Collateral
1.		/					
2.		/					
3.		/					

**VI. DESCRIPTION OF PROPOSED FINANCING**

**LOAN REQUEST (Please Itemize):**

Real Estate Acquisition: \$ \_\_\_\_\_

Building Renovations: \_\_\_\_\_

Leasehold Improvements: \_\_\_\_\_

Machinery & Equipment: \_\_\_\_\_

Inventory: \_\_\_\_\_

Working Capital: \_\_\_\_\_

Other (describe): \_\_\_\_\_  
\_\_\_\_\_

Total Project Costs: \_\_\_\_\_

Owners Equity: \_\_\_\_\_

Total Loan Request: \$ \_\_\_\_\_

*(Total Loan Request = Total Project Costs minus Owners Equity)*

**VII. SUPPORT INFORMATION & STATEMENTS REQUIRED**

1. Current (within 90 days) and previous three years' business financial statements and/or Federal tax returns.
2. If the business is less than two years old, submit projected income statements for two years following receipt of the loan and a projected monthly cash flow statement for one year after the loan. (Assistance for this item is available.)
3. Personal financial statements completed and signed for all owners with 20% or more ownership.  
*(Please use enclosed form.)*
4. Personal Federal income tax returns for the past two years, from all owners with 20% or more ownership.
5. For all equipment purchases and/or minor building renovations, provide contractors estimates, suppliers price quotations and purchase orders.
6. If you are planning to purchase real estate, please submit a complete copy of the Agreement of Sale. If you own the property to be renovated, submit a copy of the deed.
7. If you currently rent your current location, submit a copy of the lease.
8. If you are planning to renovate commercial real estate, please submit preliminary plans and specifications for new construction or renovation and cost estimates prepared by a qualified, independent third party (General Contractor or Architect)
9. Copy of deed, including legal description, to real estate to be used as collateral.
10. Copy of certificate of incorporation and trade name certificate if applicable.
11. Resumes of business owners.
12. Explain how the loan will affect your business goals regarding production, sales, profits, jobs created, etc.
13. Any additional information which will assist CBAC in analyzing your application.

I/We authorize the Cooperative Business Assistance Corporation/WCLF to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. The undersigned, in applying for financial assistance from CBAC, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable. The purpose of the loan is to support business activities for which credit is not otherwise available on terms and conditions which would permit the completion or operation of the project in your community.

The foregoing and any supplementary information are warranted by the undersigned to be true, accurate, and not misleading as of the date submitted and are furnished to induce you to make the Loan applied for, which, if granted, the proceeds thereof will be used only for the purpose stated above. The undersigned knows that you rely and continue to rely thereon until written notice of any change therein is received by you. The undersigned will give you immediate written notice of any material change in the undersigned's financial condition, including any lawsuit, begun or threatened, the effect of which may be to materially alter the said condition.

\_\_\_\_\_  
**Name of Business:**  
\_\_\_\_\_

\_\_\_\_\_  
**Signature/Title:**  
\_\_\_\_\_

**Date:**

**Signature/Title:**

**EQUAL CREDIT OPPORTUNITY ACT**

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Senior Loan Officer, CBAC, 433 Market Street, Suite 201, Camden, New Jersey 08102 within 60 days of the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

<p><b>GENDER DATA</b>          Business Ownership  <input type="checkbox"/> 100% Female Owned  <input type="checkbox"/> 51-99% Female Owned</p>	<p><b>VETERAN STATUS</b>  <input type="checkbox"/> Non Veteran  <input type="checkbox"/> Vietnam-era Veteran  <input type="checkbox"/> Other Veteran</p>	<p><b>RACE/ETHNICITY (APPLICANT)</b>  <input type="checkbox"/> Black <input type="checkbox"/> Puerto Rican <input type="checkbox"/> White <input type="checkbox"/> Hispanic  <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander  <input type="checkbox"/> Eskimo or Aleut <input type="checkbox"/> Multi Group <input type="checkbox"/> Other</p>
<p>Number of Jobs Created _____          Number of Jobs Retained _____          (Include Borrower in Counts)</p>	<p>Personal Annual Income          \$ _____</p>	<p><b>RACE/ETHNICITY (CO-APPLICANT)</b>  <input type="checkbox"/> Black <input type="checkbox"/> Puerto Rican <input type="checkbox"/> White <input type="checkbox"/> Hispanic  <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander  <input type="checkbox"/> Eskimo or Aleut <input type="checkbox"/> Multi Group <input type="checkbox"/> Other</p>

**PLEASE DETACH AND KEEP FOR YOUR RECORDS**

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