

GCMi BUSINESS CREDIT APPLICATION

Business Status: Startup (New or Under 12 months) _____ Existing (Over 13 months) _____	Type of Business Entity _____ Sole Proprietorship _____ LLC _____ Partnership _____ LLP _____ C Corporation _____ S corporation	Amount Requested \$ _____ Loan Purpose _____
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BUSINESS INFORMATION

Legal Business Name	DBA	Tax ID #
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Business Address	City	State	Zip	Business Phone
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Mailing address (if different than above)	Business Fax
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Contact Person (Name)	Title	Phone #	E-Mail
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GENERAL BUSINESS INFORMATION

Business Website	Years in Business	Years at current address
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Name of Business Insurer	Business Bank Name (s)
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Nature of Business (describe your business)	NAICS Code
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Ownership (All 20% or more owners must complete a Principal Information form)

1)	_____	_____	_____
	Officer /Owner Name	% of Ownership	Title
2)	_____	_____	_____
	Officer /Owner Name	% of Ownership	Title
3)	_____	_____	_____
	Officer /Owner Name	% of Ownership	Title
4)	_____	_____	_____
	Officer /Owner Name	% of Ownership	Title

Other Business Information:

Are you or the business involved in any litigation or legal claim?	No _____ Yes _____
Has the business or any owner ever declared bankruptcy?	No _____ Yes _____ Date _____ Type _____
Are any taxes currently past due by the business or any owner?	No _____ Yes _____
Is the business or any other owner liable as a co-maker?	No _____ Yes _____
Do you plan on purchasing an existing business as a part of this request?	No _____ Yes _____
Is your business a Franchise?	No _____ Yes _____

BUSINESS FINANCIAL INFORMATION

Sales		Largest Client that Year
Annual Gross Sales current year (20__)	\$	
Annual Gross Sales previous year 1 (20__)	\$	
Annual Gross Sales previous year 2 (20__)	\$	

Collateral	Market Value	Collateral	Market Value
New Equipment	\$	Existing Equipment	\$
New Inventory	\$	Existing Inventory	\$
Building	\$		
Vehicles	\$		
Other	\$		

Business Debts		List all debt associated and/or under business name or owners name on behalf of business.		
Company/Creditor	Collateral/Purpose	Original Amount	Unpaid Balance	Monthly Payment
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

JOB CREATION

Number of Current Employees _____ PT _____ FT _____

Will you be working in the Business? No _____ Yes _____

Will this loan help to retain current employee(s)? List number of: _____ Retain _____

Number of Jobs Created as a result of this loan request _____ PT _____ FT _____

Full time job title(s): _____

Part time job title(s): _____

Will you hire independent contractors as a part of this loan request? No _____ Yes _____

Additional Comments: _____

Prefix First Name Middle Name Last Name DOB Social Security Number

Current Home Address City State Zip YRS Home Phone

Previous Address (If current address is less than 2 years) Zip YRS

Own/Rent/Lease (circle one) **Mort/Rent Payment \$** _____ **Annual Household Income \$** _____

Employer (other than Business) Work Phone Cell Phone E-Mail Address

What % of the Business do you own? _____ **Your title in the Business?** _____

Are you a US Citizen? No _____ Yes _____

If NO, do you have a Legal Permanent Resident Card Issued though the US Department of Homeland security? No _____ Yes _____

Alien Registration Number: _____ (attach a copy of the card front and back)

STATISTICAL DATA (Optional)

This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary during the application process. One or more boxes for race may be selected. (If approved you will be required to provide this information before closing and annually for the life of the loan)

Race: ___ Amer.Ind/Alaska Native ___ Black/African Amer ___ Asian ___ Native Haw./Pacific Islander ___ White Caucasian

Ethnicity: ___ Hispanic/Latino ___ Not Hispanic/Latino

Female Head of Household ___ No ___ Yes Number of People in Household _____

Acknowledgement

I authorize the Greater Cincinnati Microenterprise Initiative Inc (GCMI) to release and other wise share credit, loan, financial, and other information with GCMI approved Technical Assistance partners.

I realize that all GCMI loans require controlled disbursements by the lender. GCMI loans shall be disbursed upon the lender's (GCMI) receipt of paid invoices, receipts of purchase, as well as any and all additional documentation requested by the lender from the borrower.

By signing below, you certify that all the information you have given with this application and supplements is true and complete. You authorize the Greater Cincinnati Microenterprise Initiative (GCMI) to verify all your statements with any source obtain credit and employment history (including spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with GCMI. You agree to provide additional information that GCMI may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.

Applicant's Signature _____ Date _____