



Preliminary Loan Application

Instructions Each person who owns 20% or more of the business must complete this application in order to be considered. All financial information can be filled in with estimates. Know, however, that if you are pre-qualified, we will be asking for a complete and accurate personal financial statement and personal balance sheet from all applicants and guarantors. Please submit application(s) and a complete business plan to GNBDC in person or by mail, along with a non-refundable \$25 technical assistance fee (money orders only, no personal checks), to 744 Broad Street, 26th Floor, Newark, NJ 07102-3802. For more information on the microloan and training programs, or to receive help in completing this application call 973-242-4132 or visit our website at www.gnbdc.org or e-mail microloans@gnbdc.org. Note that the technical assistance fee entitles you to one consultation and attendance at one GNBDC workshop. Note: The fee for CDLP loans is \$500.

Personal Information

Name: _____ Social Security # _____
 Home Address: _____ Phone # _____
 City: _____ State: _____ Zip: _____ Mobile #: _____
 County: _____ E-Mail: _____

Initial Interest

ARE YOU...

- New to Business Owner of a start-up (open less than a year) Owner of an established business
- Referral: How did you hear about GNBDC?
- Bank GNBDC Staff Internet Mailing Walk In Stores
 Posters GNBDC Client TV Phone Book Word of Mouth
 Friend Radio Newspaper Job Fair Other Agency
 Please specify whom or which: _____

Business Information:

Name: _____ % Ownership _____ EIN _____
 Type of Business
 Construction Childcare Professional Service
 Wholesale Automotive Trucking/Hauling
 Personal Fitness Restaurant/Catering Advertising/Marketing
 Retail Non-Profit Barbershop/Salon
 High Tech School/Institute Other: _____

Description of Business: _____

Business Address: _____ Phone#: _____
 City: _____ State: _____ Zip: _____ County: _____ Fax#: _____
 E-Mail Address: _____ Website Address: _____

Start Date: _____ Legal Entity: Sole Proprietor Partnership Corporation Non-profit

Loan Request

Amount: \$ _____ Requested Term: _____ yrs Amount of Borrowers Contribution: \$ _____
 Purpose: Working Capital Inventory Equipment Vehicle Supplies Other: _____

Personal Cash Flow

Total Monthly Income From All Household Sources: \$ _____
Total Monthly Household Expenses: \$ _____

Business Cash Flow

Average Gross Monthly Sales: \$ _____
Average Gross Monthly Expenses: \$ _____

Estimated – Personal Assets Value

Cash on hand: \$ _____
Savings/Checking, Stocks, etc: \$ _____
Real Estate*: \$ _____
Automobile: \$ _____
Life Insurance Cash Surrender Value: \$ _____
Other Assets: \$ _____
* Current Market Value

Estimated – Personal Liabilities

Total Credit Card Balances \$ _____
Total Bank/Student Loan Balances \$ _____
Total Mortgage Balance: \$ _____
Total Auto Balance: \$ _____
Other Liabilities: \$ _____
(Please state total balance as listed on \$ _____
your last statement)

Minimum Criteria Checklist

- Have you and/or the business ever filed bankruptcy? If yes, please explain below..... Yes ___ No ___
- If bankruptcy has been discharged please provide the type and the discharge date. _____ Yes ___ No ___
- Do you have any collection items or unpaid taxes? If yes, please explain below..... Yes ___ No ___
- Do you have any outstanding police, public, or legal issues? If yes, please explain..... Yes ___ No ___
- Are you or your business involved in any pending lawsuits? If yes, please explain below Yes ___ No ___
- Do you owe any outstanding child support?..... Yes ___ No ___
- Have you ever defaulted on a federal government contract or student loan?..... Yes ___ No ___
- Is your business for profit or, if non-profit, a childcare center? Yes ___ No ___
- Do you have proof of owner’s equity? (i.e. cash to invest, receipts business purchases) Yes ___ No ___
- Do you have a written business plan including 3 years of cash flow projections?..... Yes ___ No ___
- Are you a US citizen, or do you have a green card or other proof of legal residence? Yes ___ No ___
- Have you had 3 or more months of sales or do you have contracts for future sales?..... Yes ___ No ___

Additional Factors

- Do you or someone else in your household have a secondary source of income?..... Yes ___ No ___
- Did your business make a profit last year?..... Yes ___ No ___
- Have any personal or business bank accounts had checks returned NSF in the last 3 months?... Yes ___ No ___
- Do you own real estate property (excluding homestead)?..... Yes ___ No ___
- Are you currently paying on a vehicle?..... Yes ___ No ___
- Is there another person who would be willing to guarantee on your loan?..... Yes ___ No ___
- Will credit report show that you have been current with creditors over the past 2 years?..... Yes ___ No ___
- Have you addressed any derogatory statements on your credit report?..... Yes ___ No ___
- Owners time available to spend in the business? Hrs/Week _____
- Education level, number of years completed? _____
- How long have you been employed in your current job? _____
- Do you have formal training/experience in the field? If yes, how many years?..... _____

Explanations: (attach additional sheets if necessary)

Authorization and Certification:

I authorize GNDBC to make inquires as necessary to verify the accuracy of the statements made and to determine my credit worthiness through a personal credit check. I hereby certify that all information contained in this document and any attachments is true and correct to the best of my knowledge.

Signature: _____ Date: _____
Only applications completed in their entirety will be considered.

For official use: Date entered into database _____ initials _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**