



MICROENTERPRISE BUSINESS LOAN REQUEST FORM

Are you a SMALL BUSINESS located in or around the FIVE TOWNS, SOUTH SHORE OF LONG ISLAND and in need of a loan? WE CAN HELP.

Email completed application to loan@communitychestss.org

SECTION 1: PERSONAL INFORMATION

Name (Last, First) _____

Permanent home address: _____

Number and Street

Apt #

City

State

Country

Zip Code

Home Telephone _____

Business Telephone _____

Mobile Telephone _____

Fax number _____

E-mail address: _____ Web Address: _____

Ethnicity: Asian African American Other

Native Hawaiian/Pacific Islander Caucasian Hispanic/Latino

Gender: Female Male Social Security # _____

Date of Birth (M/D/Year) ____ / ____ / ____ Place of Birth _____

If not born in the U.S - Date of Arrival in U.S.(M/D/Year): ____ / ____ / ____

If an immigrant, Immigration Status Upon Entry to U.S: Refugee Parolee Tourist visa Green card Asylee

Marital Status (check one): Single Married Divorced Separated Widowed

Number of Children/Dependents and their age: _____ Total number of people in household: _____

Employment Status: FT Self Employed FT Employed Seasonal Employed
(FT > 35 hours/week)

PT Self Employed PT Employed Unemployed

Current Occupation: _____ Last year's annual gross income \$ _____

Spouse Name: _____ Date of Birth (M/D/Year) ____ / ____ / ____

Social Security # _____ Mobile Telephone _____

Spouse's Occupation: _____ Spouse's annual gross income \$ _____

How did you learn about the Microenterprise Loan Program?

Newspaper Name of Newspaper _____

Family or Friends UJO Mishkan Yecheskel CHYE Other _____

Education/Training in the US (Please list programs/degrees and dates):

Name of school	Degree	Dates (from M/Year to M/Year)
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a)

b)

c)

Employment History (Please list all places of employment and dates for the last five years)

Position	Employer	Dates (from M/Year to M/Year)
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a)

b)

c)

Source of Health Insurance: Business Private Medicaid Medicare
 Spouse's Employer Employer State-No Cost

Please describe the health insurance coverage for your household:

All members insured Some members insured No members insured

Entitlements: Medicaid Food Stamps (\$ _____) HEAP WIC Child Care Vouchers
 Other (please describe) _____

How much did you save last year? \$ _____ Do You Own a House/ Apartment? Yes No

If Yes, What is its current value? \$ _____ Date of purchase (M/Year) ____ / ____ / ____

Purchase Price \$ _____ What is the Balance on Your Mortgage? \$ _____

Monthly payment: \$ _____

Do you rent? Yes No If Yes, how many bedrooms? _____ Monthly rent: \$ _____

Section 8 Yes No

Please list your history of other loans or debt (e.g. education, equipment lease, bank loans & credit card, friends & family)

Type of loan	Amount of loan	Outstanding balance	payment (\$ per)	interest rate

SECTION 2: BUSINESS INFORMATION

Important Instructions to filling out Section 2, please read before proceeding further:

Section 2 helps us evaluate your plan for launching a new or expanding an existing business. If you are not yet in business some of the questions below will not apply to you. *We understand that you might not have all the requested information. Answer only those questions you can to the best of your ability.* Please write or type in **English**

All written and oral information disclosed or provided by the applicant to the Hebrew Free Loan Society (“HFLS”) under this agreement is strictly confidential and will not be disclosed to any third party.

Are you going to: **START** **EXPAND** or **PURCHASE** a business? (Check one)

If already in business, date formed _____ / _____ / _____ and date purchased (if applicable): _____ / _____ / _____

Business Name: _____

Business Address: _____

Number and street

City

State

Zip Code

A. BUSINESS DESCRIPTION

Is this business full-time or part-time? (FT > 35 hours/week) FT PT Seasonal

Please provide a description of your business or business idea below. Describe your product or service

B. CUSTOMER

Please describe your target or actual customers (age, gender, ethnicity, income, profession, etc.)

C. MARKET

Who is your competition and how are you different (e.g., price, location, hours open, quality of product)?

How do you market your product or service? Do you have a formal marketing plan? (If “yes”, please attach)

Please provide average price for your product or service?

Please provide a % breakdown of what region or towns your customers come from (*e.g., Manhattan, Brooklyn, outside of New York state, etc.*)?

D. OWNERSHIP

Was the business registered with the New York State? Yes No On what date? ___ / ___ / ___

Are you the original owner of this business? Yes No If “yes,” when did this business start? ___ / ___ / ___

If purchased, for what price? \$ _____

Do you have business partners? Yes No Are they family members? Yes No

Do you have a partnership agreement among the partners? Religious Civil No

What % does each partner own? _____

E. OPERATIONS

What is your role in the business?

What hours and days is the business open?

Do you have a lease? Yes No If yes, are you the primary lessee or are you sub-leasing?

What is the term of your lease and what is the size of your location in square feet?

Do you have paid employees or independent contractors? Yes No

If Yes, total number of paid employees in last 12 months: (FT>35 hrs/wk)

Full-Time: _____ Part-Time: _____ Seasonal/ Temporary: _____ Independent Contractors: _____

Do your family members work in the business?

Do you have a bookkeeper for your business? Yes No If yes, who? _____

What Federal/State/City licenses and permits do you need to operate your business? Do you have these permits or licenses?

F. FINANCIAL INFORMATION

How much in total capital was invested to start this business? \$ _____

What are the average yearly or monthly gross sales of the business? What is the yearly or monthly net profit of the business? **If a start up, please list planned numbers.**

In the last year, did you take money out of your business for personal expenses? How much was taken out?

How do you plan to use a loan of **up to \$25,000**? **Please list** all the uses of this loan. Is this the total amount of capital you need to meet your business needs? If not, how much more do you need?

Have you tried obtaining a business or a personal loan from a bank for your business needs? If you were declined, please provide the reasons below. If you were offered a loan what are the terms?

G. BUSINESS RISKS

All businesses face risks. Please list specific risks your business faces (e.g., competition, supplier, government regulations, etc.)?

H. BUSINESS SERVICES

Do you have a formal business plan? Yes No

SECTION 3: APPLICANT DECLARATION

Representations: I hereby certify that the information furnished herein is true and correct.

Credit Reports and Verification: By signing below, you authorize us to obtain a credit report on you. If you ask, we will tell you if a report has been obtained and the name and address of the agency furnishing the report. You also agree to verify any information given in this application or on the credit report, as well as provide any additional information requested in the vetting process by the HFLS staff.

Signature:

Date:

Print Name:

Spouse's Signature:

Date:

Print Name: