



COMMUNITY DEVELOPMENT RESOURCES
 OPENING DOORS FOR SMALL BUSINESSES
 285 S. 68th St. Place, Ste.420; Lincoln, NE 68510

LOAN APPLICATION

Date: _____

PLEASE PROVIDE COMPLETE INFORMATION ON THE APPLICATION. You may be requested to provide additional information as part of the application process. The information you provide is kept confidential.

SECTION 1 – BUSINESS AND LOAN REQUEST DATA				
Business Name		Amount of Loan Request		Amount of Total Project
Purpose of the Loan (be specific)				
Business Description (be specific)				
Business Address		Business phone number		Business fax number
Business city, state & zip code		E-mail address		
Web Site				
Have you been denied a loan or other financing for this project? <input type="checkbox"/> No <input type="checkbox"/> Yes →		If yes, by whom? Date?		Reason for denial
				Amount denied \$
Stage of business <input type="checkbox"/> Startup of new business <input type="checkbox"/> Purchase of existing business <input type="checkbox"/> Expansion of existing business <input type="checkbox"/> Stabilization of existing business		Date business established _____ Home based? Y or N <input type="checkbox"/> years in business <input type="checkbox"/> years in business		Form of business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation ("S" or "C" Corp) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
				Type of business <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Other _____
Number of Employees	Number of New Hires with Loan	Have you had or do you have another business? If yes, what kind?		Use of Professionals: <input type="checkbox"/> An attorney <input type="checkbox"/> An advertising agency <input type="checkbox"/> An accountant <input type="checkbox"/> A marketing professional
Whom do you sell to?	What is your peak selling season?	What is your geographic trade area?		What percent of your total working time is spent on the business? _____% Months per year _____
Outstanding Business Loans				
Financial Institution Name	Date Opened	Monthly Pmt.	Collateral / Purpose	Outstanding Balance
Are you seeking funds from multiple sources/other parties in addition to the Community Development Resources? <input type="checkbox"/> No <input type="checkbox"/> Yes →		If you are seeking funds from more than one source, please attach information including source, amount of funding request and collateral.		



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What collateral do you offer as security for this loan? Include serial or vehicle identification numbers and estimated market values. (Attach additional list if necessary)

What do you intend to use loan proceeds for? Attach list or list below equipment with estimated market values and lists of other costs, if necessary.



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SECTION 2 - APPLICANT DATA

Is this an individual or joint loan application?

☐ Individual ☐ Joint (If joint, each applicant must complete a separate loan application.)

Are you presently on probation or parole? ☐ No ☐ Yes → If yes, Community Development Resources cannot make a loan until applicant has completed probation or parole. Until then, we can be helpful to you with our training and technical assistance. Please discuss your questions and options with your Business Developer.

Applicant name (last, first, middle)		County	Phone Number(s) (include area code)	
Home Address		How long?	City, state & zip code	
Own/Rent/Other (please specify)		Monthly Rent or Mortgage Payment		If owned, estimate value of home
Previous Address		How long?	Previous City, state & zip code	
Social Security Number	Date of birth / /	Number of dependents	Ages	EIN-Employer Identification Number
Name of nearest relative not living with you		Relationship		Phone (include area code)
Street address		City, state, zip		
E-mail Address				

Education: (Please check one)

☐ High School Graduate ☐ Some vocational/trade school/college ☐ Vocational/trade school graduate
☐ A 2-year college graduate ☐ A 4-year college graduate ☐ Post-graduate college

Gender: U.S. Veteran: Y or N Ethnicity: Marital Status: U.S. Citizen Y or N If no, number of I-551 or I-94 card

SECTION 3 - PRESENT INCOME SOURCES

Present net salary or commissions from the business	Per month	Are you expecting this business to provide some or all of your household income? <input type="checkbox"/> Some <input type="checkbox"/> All.
Present net salary from outside employer (if applicable)	Per month	Is any of the income listed likely to be reduced in the next two years? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, explain on separate sheet.
Other income (describe source*)	Per month	<i>*Alimony, child support or spousal maintenance need not be disclosed unless you want such income counted toward total income</i>

<u>Household size</u>	<u>30% or Less</u>	<u>31%-50%</u>	<u>51%-80%</u>	<u>More than 80%</u>
1	Less than \$14,300	\$14,301 - \$23,850	\$23,851 - \$38,200	\$38,201 or more
2	Less than \$16,350	\$16,351 - \$27,300	\$27,301 - \$43,650	\$43,651 or more
3	Less than \$18,400	\$18,401 - \$30,700	\$30,701 - \$49,100	\$49,101 or more
4	Less than \$20,450	\$20,451 - \$34,100	\$34,101 - \$54,550	\$54,551 or more
5	Less than \$22,100	\$22,101 - \$36,850	\$36,851 - \$58,900	\$58,901 or more
6	Less than \$23,750	\$23,751 - \$39,550	\$39,551 - \$63,300	\$63,301 or more
7	Less than \$25,350	\$25,351 - \$42,300	\$42,301 - \$67,650	\$67,651 or more
8 or more	Less than \$27,000	\$27,001 - \$45,000	\$45,001 - \$72,000	\$72,001 or more

PRESENT EMPLOYER

PREVIOUS EMPLOYER

Employer name			Employer name		
Street address		City, state, zip	Street address		City, state, zip
Employer phone	Your position/title	How long?	Employer phone	Your position/title	How long?



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SECTION 4 - PERSONAL FINANCIAL STATEMENT—PLEASE OMIT CENTS WHEN PREPARING THIS FORM

**Note: If assets and liabilities are individually owned, circle “I” in the amount columns.
 If you and another person jointly own assets or liabilities, please circle “J” in the amount columns.**

ASSETS OWNED		LIABILITIES OWED	
Description	Estimated Market Value	Description	Outstanding Balance
Cash, checking (bank name, account #)	I J	Mortgage on homestead	I J
Cash, savings (bank name, account #)	I J	Mortgage on other real estate	I J
IRA or other retirement account (describe)	I J	Installment loans accounts	I J
Auto #1 (make, model, year)	I J	Revolving credit accounts	I J
Auto #2 (make, model, year)	I J	Loans co-signed for others	I J
Life insurance: Cash value: \$	I J	Taxes owed	I J
Real estate (homestead address)	I J	Other liabilities	I J
Real estate (other address)	I J	Loans on insurance, retirement accounts or bank accounts	I J
Stocks, bonds, investments (describe)	I J		
Personal assets (list on separate sheet)	I J		
Other (list on separate sheet)	I J		
TOTAL ASSETS		TOTAL LIABILITIES	
PERSONAL NET WORTH (Total assets minus total liabilities)			



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SECTION 5 - LOANS, REVOLVING CREDIT AND OTHER OBLIGATIONS

Financial Institution or Charge Card Company Name	Date Opened	Monthly Payment	Collateral	Outstanding Balance
Mortgage Homestead				
Mortgage Other				
Auto Loan 1				
Auto Loan 2				
Loans Other				
Loans Other				
Credit Cards				
Credit Cards				
Taxes				
Alimony, Child Support or Spousal Maintenance				
Other				
TOTAL MONTHLY PAYMENT			TOTAL LIABILITIES	
Are you a co-maker, endorser or guarantor on any loan or contract?	No Yes→	If yes, to whom owed? Amount		
Are there any unsatisfied judgments against you?	No Yes→	If yes, in what city and state? Amount		
Have you declared bankruptcy in the last ten years?	No Yes→	City and state Mo/Yr		



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SECTION 6 - APPLICANT CERTIFICATION AND SIGNATURE

I authorize Community Development Resources to make inquiries as necessary to verify the accuracy of the statements made in this application and to determine my credit worthiness. I certify the above information and the statements contained in the attachments are true and accurate as of the stated date. 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. I understand Community Development Resources will retain this application whether or not it is approved for loan. If this loan application is approved and a loan is disbursed, I authorize Community Development Resources to answer inquiries regarding their credit experience with me.

I have attached additional information ☐ No ☐ Yes → Please include your name on each attached page.

Applicant signature

Date

Community Development Resources is an EQUAL CREDIT OPPORTUNITY LENDER and will not discriminate in providing services to individuals on the basis of race, color, religion, sex, national origin, age, marital status, family status, or physical or mental disability.

Fees:

As a disclosure to you, CDR wants you to be aware of the fees charged in getting a loan. Fees are subject to change with loan type.

- \$35.00 processing fee
- Real Estate closing –all fees charged by third party service providers.

For office use only

<i>Fund</i>	<i>ID #</i>	<i>Loan #</i>	<i>NAICS #</i>	<i>Census Tract</i>	<i>Distressed Area</i>



SECTION 7 – ATTACHMENTS

Required documents and attachments may include, but are not limited to, the following:

Section 1.1 – Application documents

- ___ \$35 Application Fee
- ___ Completed Application
- ___ Borrower Certification Form (No outstanding Federal or State Taxes; No outstanding Child Support Payments)
- ___ Credit Report and Credit Score (Third Party Provider)
- ___ Personal Tax Returns – prior 2 years
- ___ Recent Pay Stub – 2 or more
- ___ Documentation: Judgments, Bankruptcies, etc.
- ___ Collateral List - with estimated value for each item
- ___ Real Estate Appraisal – If using Real Estate for Collateral; appraisal date less than 24 months old.
- ___ Guarantor Information / Collateral pledge with estimated values

Section 1.2 – New Business documents

- ___ Business Plan
- ___ Market Assessment
- ___ Photographs/Drawings of Product or Services
- ___ Cash Flow Projections for 12 to 24 months
- ___ List of Assumptions used for cash flow projections
- ___ Resumes of Business Owner(s)
- ___ Bids, Contracts, Quotes or Purchase Agreements
- ___ Insurance Quotes or Declarations page
- ___ Articles of Incorporation / Proof of Incorporation
- ___ Operating Agreement or By-Laws
- ___ Conflict Resolution plan (Partners, Investors, etc.)

Section 1.3 – Existing Business Documents

- ___ Business Tax filings – Prior 2 years
- ___ Business Financials (Balance Sheet, Income Statement/ P&L)
- ___ Business Leases and Contract Obligations
- ___ Current Marketing Materials
- ___ Certificate of Assumed Name (Sole Proprietorship)
- ___ Copies of Licenses and/or Permits (ex. Food, Liquor, Brokerage, etc.)
- ___ Current Business Assets



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Environmental Assessment Checklist

Impact Categories	1 No Impact Anticipated	2 Potentially Beneficial	3 Potentially Adverse/ Requires Documentation Only	4 Potentially Adverse/ Requires More Study	5 Needs Mitigation	6 Requires Project Modification	7 Source or Documentation (Note date of contact or page reference) Additional material may be attached)
<i>Natural Features</i>							
Water Resources							
Surface Water							
Floodplains							
Wetlands							
Coastal Zone							
Unique Natural Features and Agricultural Lands							
Vegetation and Wildlife							

Name Date

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