



COMMUNITY DEVELOPMENT RESOURCES
 OPENING DOORS FOR SMALL BUSINESSES
 285 S. 68th St. Place, Ste.520; Lincoln, NE 68510

SMALL BUSINESS 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 _____ Date business established _____ <input type="checkbox"/> Startup of new business Home based? Y or N <input type="checkbox"/> Purchase of existing business <input type="checkbox"/> Expansion of existing business _____ years in business <input type="checkbox"/> Stabilization of existing business _____ 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 _____		
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.		
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 of equipment with estimated market values and lists of other costs, if necessary. _____ _____ _____		



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) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some vocational/trade school/college <input type="checkbox"/> Vocational/trade school graduate <input type="checkbox"/> A 2-year college graduate <input type="checkbox"/> A 4-year college graduate <input type="checkbox"/> 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? ___Some ___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? ___No ___Yes <input type="checkbox"/> If yes, explain on separate sheet.
Other income (describe source*)	Per month	*Alimony, child support or spousal maintenance need not be disclosed unless you want such income counted toward total income

<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 \$14,350	\$14,351 - \$23,900	\$23,901 - \$38,250	\$38,251 or more
2	Less than \$16,400	\$16,401 - \$27,300	\$27,301 - \$43,700	\$43,701 or more
3	Less than \$18,450	\$18,451 - \$30,750	\$30,751 - \$49,200	\$49,201 or more
4	Less than \$20,500	\$20,501 - \$34,150	\$34,151 - \$54,650	\$54,651 or more
5	Less than \$22,150	\$22,151 - \$36,900	\$36,901 - \$59,000	\$59,501 or more
6	Less than \$23,800	\$23,801 - \$39,600	\$39,601 - \$63,400	\$63,401 or more
7	Less than \$25,400	\$25,401 - \$42,350	\$42,351 - \$67,750	\$67,751 or more
8 or more	Less than \$27,050	\$27,051 - \$45,100	\$45,101 - \$72,150	\$72,151 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 <input type="checkbox"/>	If yes, to whom owed?			Amount
Are there any unsatisfied judgments against you?	No Yes <input type="checkbox"/>	If yes, in what city and state?			Amount
Have you declared bankruptcy in the last ten years?	No Yes <input type="checkbox"/>	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 applying for a loan. Fees are subject to change with loan type.

- \$100.00 Application 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>



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SECTION 7 – ATTACHMENTS

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

Section 1.1 – Application Docs

- \$100 Application Fee (Cash or Check)
- Completed Application
- Borrower Certification Form - NO outstanding Taxes (Federal + State) AND NO outstanding Child Support Payments
- Credit Report and Credit Score (3rd Party)
- Personal Tax Returns – 2 prior years
- Recent Pay Stub – 2 or more
- Documentation: Judgments, Bankruptcies, etc.
- Collateral List – Estimated Value of Each Item
- Real Estate Appraisal – if using for Collateral (Appraisal date less than 24 months old)
- Guarantor Info/Pledge with Est. Values

Section 1.2 – New Business Docs

- Business Plan
- Market Assessment
- Photographs/Drawings of Product or Services
- Cash Flow Projections for 12 - 24 Months
- List of Assumptions for Cash Flow Projections
- Resumes of Business Owner(s)
- Bids/Contracts/Quotes/Purchase Agreements
- Insurance Quotes or Declarations
- Articles of Incorporation/Proof of Incorporation
- Operating Agreement (LLC) or By-Laws (Corp. C or S)
- Conflict Resolution Plan: Partner, Investor, etc.

Section 1.3 – Existing Business Docs. (If applicable*)

- *Business Tax Filings – 2 prior years
- *Bus. Financials – Bal. Sheet and Income Stmt
- *Bus. Leases and Contract Obligations
- * Current Marketing Materials
- * Certificate of Assumed Name (Sole Prop.)
- * Copies of Licenses and/or Permits (ex. Food, Liquor, Brokerage, etc.)
- * Current Business Assets (attached list)



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

 Name Date