



## Market Loan Request Required Documentation

Business Name: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

How much money are you looking to borrow? \_\_\_\_\_ (max \$1,000)

### Basic Items Needed: (more information may be requested)

- Completed loan application
- Letter of recommendation from Market Manager
- Proof of income:
  - W2 Wage Earner
    - 30 days most recent paystubs
  - Business Owner
    - Year to date profit and loss statement
    - Bank Statements
    - Most recent year personal tax returns.
- Letter of explanation for any credit challenges or special circumstances (if applicable)

### Loan Terms:

Loan Amount: Up to \$1000.00 (Return borrowers may be eligible for greater loan amounts)

Rate: 12% APR

Pay a lump sum payment within 90 or 120 days of loan dispersal.



## Market Loan Application

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner(s): Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Market Participation:  Saturday Market  Country Fair  Other \_\_\_\_\_

Market Income: \_\_\_\_\_ Other Monthly Income: \_\_\_\_\_

Source(s) of other monthly income: \_\_\_\_\_

\*Payment Option (Select One)  90 days  120 days

*I authorize CLW to obtain credit reports and verify any information in connection with this application. I agree CLW may contact me, for all notices and reminders pertaining to my account, by phone at any phone number listed with my account, including cell numbers, which may result in additional charges. I agree to receive text messages, which may result in text messaging rates. CLW may also contact me by sending e-mails, using any e-mail address provided. I can discontinue electronic delivery service at any time by notifying CLW directly.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLW use only**

Approved / Denied

Loan Officer \_\_\_\_\_ Date \_\_\_\_\_



The following information is used for grant purposes only and will have no bearing on your credit application. If you prefer to not provide this information, please check this box.

<b>Total Number of people in your household?</b>		<b>Which Gender do you identify with?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>Family Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married  <input type="checkbox"/> Male head of household <input type="checkbox"/> Female head of household		<b>Do you identify as LGBTQ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please select both Ethnicity and Race: (select as many as apply)</i> <b>Single Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Multi-Race:</b> <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Other multiple races	
<b>Ethnicity: (select one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
<b>Are you a U.S. veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you receiving services for a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>How did you hear about us?</b> <input type="checkbox"/> Event/Expo <input type="checkbox"/> Professional Referral _____ <input type="checkbox"/> NEDCO/Class/Counseling <input type="checkbox"/> Referred by family/friend _____ <input type="checkbox"/> Other _____			