



Business Loan Request Required Documentation

In order to process your loan application, the below items must be provided along with your completed loan application. These items are the basic pieces that we will need to begin the process. Additional material may be requested after we have reviewed your loan request.

Business Name: _____

Owner(s) Name(s): _____

How much money are you looking to borrow? _____

What day of the month would you like your due date (1st, 5th, 15th, etc)? _____

Required Documents For All Businesses:

- \$50.00 Non-Refundable Loan Application Fee is required to process loan application
- Detailed Business Plan (see template)
- 2 Years Of Financial Projections (see template)
- Personal Financial Statement for all owners with at least 20% ownership stake
- Year to date Balance Sheet and Profit and Loss

Business entity specific documents:

- Business license/Trade name statement/DBA
- Articles of Incorporation/Organization Documents (if applicable)
- Copy of lease/ Letter of Intent to lease
- Letter of explanation for derogatory debt
- Current resume for all owners
- Most recent 3 years' Corporate Income Tax Returns (if applicable)
- Most recent 3 years' Personal Income Tax Returns for individual owners (including K-1's, if applicable)

SMALL BUSINESS LOAN APPLICATION

BUSINESS AND BORROWER CONTACT INFORMATION

Business Name: _____ Business Phone: (____) ____ - _____
Address: _____
City: _____ State: _____ Zip: _____ Tax ID # if applicable _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Borrowers Name: _____ Home Phone: (____) ____ - _____
Home Address: _____ Work Phone: (____) ____ - _____
City: _____ State: _____ Zip: _____ Email Address: _____

Previous Address (If less than 2 years): _____

Social Security Number: _____ Date of Birth: _____
Percentage of Ownership: _____

Do you have outside income? If so, from where, and how much monthly income? _____

Have you sought funding for this loan from a bank or another financial institution? If so what were the results? _____

LANDLORD INFORMATION

Time at current residence: Years: _____ Months: _____
Monthly house payment/ rent amount: \$ _____

Business landlord's name: _____ Phone: _____
Time in current location: Years: _____ Months: _____
When does your current business lease expire? _____
Monthly rent/lease amount: \$ _____

CO-BORROWER INFORMATION

Name: _____ Phone: _____ Work phone: _____
Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Previous address if less than 2 years: _____

Social Security Number: _____ Date of birth: _____
Current Employer Name: _____ Income: \$ _____ (per month)

Length of employment: Years: _____ Months: _____

Percentage of business ownership: _____

Do you have additional sources of income? _____

If so, from where, and how much monthly income? _____

LANDLORD INFORMATION FOR CO-BORROWER

Time at current residence: Years: _____ Months: _____

Monthly house payment/ rent amount: \$ _____

**if there are additional co-borrowers please add a page.*

LOAN INFORMATION

Dollar Amount	Purpose of funds requested
\$	
\$	
\$	
\$	

What is the minimum loan amount you could work with if the full amount requested is not funded, and how would you use it? \$ _____

FINANCIAL INFORMATION

Business Assets (machinery, furniture, tools, vehicles, etc.)

Item	Estimated Value	Owned free and clear?
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**if you have additional business assets please attach separate sheet*

Business Liabilities: (All business debts; such as vehicles, bank notes, accounts payable, credit cards, etc.)

Who you owe	Monthly payment amount	Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**if you have additional liabilities please attach separate sheet*

Collateral offered to secure loan amount: (Detail on separate page if necessary)

Item	Estimated Resale Value	Owned free and clear?
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS INFORMATION

Number of years you have owned your Business: Years: ____ Months: ____ OR

Is this a Startup company? Yes No

Ownership: Individual Partnership Corporation Non -Profit

Business Location: Home Storefront Market Street Other: _____

How do you pay for materials/supplies? Credit Cash Net 30/60/90 Other: _____

Is your business seasonal? Yes No

How much of your own funds have you historically invested in this business? \$ _____

How much of your own funds do you plan to invest in this project? \$ _____

Have you received a private or equity investment? If so, how much? \$ _____

Do you utilize accounting software for your business? If so, what? _____

Who performs back office duties? (ie: payroll, book keeper): _____

Do you have an active marketing plan? Yes No

Do you have a current business plan? Yes No

PERSONAL FINANCIAL INFORMATION

Bank Account Information

Do you have a bank account? Yes No If yes: Personal Business Both

Credit Information

- Do you currently have any outstanding judgements or have you ever filed for bankruptcy? Yes No
- Are you delinquent on any spousal or child support? Yes No
- Are you delinquent or ever defaulted on any federal or state debt? Yes No
- Are you current on any applicable business taxes (payroll, income, etc.)? Yes No
- Are you a co-marker, co-signer, or guarantor (either personally or via your business) on any loan? Yes No

If Yes, please list here: _____

Please attach an additional page, if needed.

PERSONAL REFERENCES

Name: _____

Address _____

Phone numbers: _____

Name: _____

Address _____

Phone numbers: _____

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 (borrower) _____ Date: _____

Signature (co-borrower) _____ Date: _____

For NEDCO/CLW use only

Approved Declined

Loan officer Credit Committee

Signature(s): _____ 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.

Total Number of people in your household?		Which Gender do you identify with? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Family Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Male head of household <input type="checkbox"/> Female head of household		Do you identify as LGBTQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please select both Ethnicity and Race: (select as many as apply)</i> Single Race: <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		Multi-Race: <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	
Ethnicity: (select one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Are you a U.S. veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving services for a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about us? <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 _____			



PERSONAL FINANCIAL STATEMENT

212 Main Street
Springfield, OR 97477
P. 541-345-0446
F. 541-345-9584

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

Section 2. Notes Payable to Banks and Others.

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 CLW/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 legal action.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____



Cover Page: (Business name, logo, owner name, address)

Executive Summary:

- *Less than 2 pages*
- *Concise summary of who you are, what services you do/will provide and why.*

Background Summary:

- *Description of Business:* What services will your business provide? Who will you be?
- *Brief history of the business:* Start-up/Existing Business?
- *Mission Statement:* What is your purpose behind being? What
- *Business Goals & Objectives:* Where are going? What do you want to become?
- *Personal/Team Skills & Experience:* Who are you? What skills and experience do you bring?
- *Personal Finances:* Personal Financial Statement
- *Legal Business Structure:* LLC, sole proprietor, partnership, corporation.

Products & Services:

- *Product & Service Summary:* What product or service do you plan to offer?
- *Benefits to Customers:* What value does your product or service have to potential customers?
- *Business Location:* Where will you be located?
- *Project Future Products and Services:* Do you anticipate a shift in the product or service you will offer in the future?

Management Structure:

- *List Key Employees and Responsibilities:* Who is the support staff that will operate your business and what experience/resources do they bring?
- *Discuss Outside Contractors and Support:* Will your business services or operations rely on other individuals or organizations to function? If so, who are they, what do they offer and how reliable are they?
- *Identify Mentors and Advisors:* Do you have connections with experienced business professionals and/or technical advisors who can provide decision making/project support?

Marketing Plan:

- *Current and Future Projected Industry Trends:* Where is your industry going? Will you be able to keep up?
- *Customer Target Market:* Describe the profile of your projected customer. What are the key things this population wants in a service/product.
- *Market Size Estimate:* How large (population and geography) is the potential pool of customers?
- *Identify Competition:*
 - Competitive Analysis Table
- *Possible barriers to market entry:* Are there any challenges to serving your market? (competition, lack of available capital, regulation)
- *Explain Market Strategy:*
 - Pricing
 - Placement
 - Product
 - Promotion

Financial Plan:

- *Start-up Costs*
- *Income Statement*
- *1-year Projected Cash-Flow*
- *Projected Sales Levels*
- *Balance Sheet*

