



**Community  
Investment  
Corporation™**

# Loan Application



**LOAN PROGRAMS & LEADERSHIP FOR SMALL BUSINESS**



**Business Information**

Primary Contact Name:			Secondary Contact Name:		
Title:			Title:		
Cell Phone:	Business Phone:	Business Fax:	Cell Phone:	Business Phone:	Business Fax:
Business (or Personal) E-mail Address:			Business (or Personal) E-mail Address:		
Name of Operating Company (include DBA if applicable):			Operating Company's Legal Name:		
Main Business Address (or Home Address if applicable):			Mailing Address (if different):		
Type of Business: <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> (LLP) General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation		Type of Business (e.g., Bookstore, Cleaning Services, etc.)			
		Website URL:		Federal Tax ID:	
		Business Start Date:	State Where Organized:	NAICS Code:	
<b>Bank of Account (Business)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	
<b>Bank of Account (Business)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	
<b>Bank of Account (Personal)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	
<b>Bank of Account (Personal)</b>					
Name of Bank:		Account Number:	Type (e.g., Checking, etc.):	Current Balance:	
Contact at Bank:		Business Phone:		Business Fax:	

Company Status (at time of application):  Start-Up Company  Existing Company

## Employees

*Please include any owner who receives salary/wages.*

Number of Current Employees: Full Time Employees: \_\_\_\_\_ Full Time Equivalent\*: \_\_\_\_\_

Of the Total Current Positions: How many are held by women? \_\_\_\_\_ How many are held by minorities? \_\_\_\_\_

Estimated Number of New Employees that will be hired in two (2) years as a result of this project: Full Time Employees: \_\_\_\_\_ Full Time Equivalent\*: \_\_\_\_\_

*\* A full time worker works 40 hours per week or 2080 hours per year. If you employ people on a part time basis, translate their part time employment to Full Time Equivalents. For example, if you have two (2) part time employees each working 20 hours per week, the full time equivalent would be "1" (i.e., the aggregate hours represent the equivalent of one full time employee, and "1" would be entered on the Full Time Equivalent line above).*

## General Questions

*If you answer yes to any of the questions, please explain on a separate sheet of paper.*

Has the business listed on the first page of this application or any other business owned by any person owning 20% or more of a business ever filed for bankruptcy or defaulted on any other debt?  Yes  No

Is the business a party to any lawsuit?  Yes  No

Are you aware of any claim or threatened claim against the business?  Yes  No

Is the business a guarantor, co-maker, or endorser of any obligation NOT STATED in the financial information submitted with this application?  Yes  No

**Ownership Information**

*This form must be filled out and submitted by each owner with 20% or more ownership. Please make additional copies as needed.*

Business Owner's Name (First, Middle, Last):		Spouse's Name:	
Social Security Number: _____ - _____ - _____		Spouse's Social Security Number: _____ - _____ - _____	
Title:	% Ownership: _____ %	Home Phone:	Cell Phone:
Present Residence Address:		Date of Birth: (Month, Day and Year)	Place of Birth: (City & State or Foreign Country)
Duration at Present Address: From _____ To _____			
Most Recent Prior Address (omit if over 10 years ago):		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you a Lawful Permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If non-U.S. Citizen, please provide alien registration number below: _____	
Duration at Prior Address: From _____ To _____			
Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Please choose one of the following that applies: <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Non-Veteran		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other _____	

1. Have you ever filed for bankruptcy or defaulted on any other debt?  Yes  No
2. Are you currently delinquent on your child support payment obligations?  Yes  No
3. Are you currently delinquent on your student loan payments or other government loan payments?  Yes  No

**IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS ARE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.**

*If you answer yes to the next three questions, furnish details on a separate sheet. Include dates, locations, fines, sentences, whether misdemeanor or felony dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information.*

4. Are you presently under indictment, on parole or probation?  
If Yes, indicate date parole or probation is to expire: \_\_\_\_\_  Yes  No
5. Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation?  
Include offenses which have been dismissed, discharged, or not prosecuted.  
*All arrests and charges must be disclosed and explained on an attached sheet.*  Yes  No
6. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation; including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?  Yes  No

*List delinquent tax in the space provided. Please indicate whether you have entered into an installment/repayment agreement with the government. Please include a copy of your agreement(s) with your application.*

Type of Taxes	Are You Delinquent?	Delinquent Amount	Original Due Date	Agreement
FEDERAL TAXES	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
STATE TAXES	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
MUNICIPAL TAXES	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

**CAUTION:** Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. By signing you certify that the information on this form is true and not intentionally misleading.

**Project Costs & Funding\***

Machinery & Equipment	\$ _____
Real Estate Purchase	_____
Inventory	_____
Leasehold Improvements	_____
Marketing/Promotional Materials	_____
Deposits/Professional Fees (specify) _____	_____
Working Capital	_____
Refinance	_____
<b>TOTAL PROJECT COST**:</b>	<b>\$ _____</b>
Amount of Loan Request	\$ _____
Equity Injection	_____
Funds from the business (not applicable to start-ups)	_____
Other (specify) _____	_____
<b>TOTAL PROJECT FUNDING**:</b>	<b>\$ _____</b>

\*A Sources and Uses Worksheet can be submitted in place of completing this section.

\*\*Total Project Cost must equal Total Project Funding

## Personal References

*Two references are required for all Owners of 20% or more of the business. Please attach additional sheets if necessary.*

**Business Owner's Name:**

Reference #1 (Relative not living with Business Owner):

Reference #2:

Name

Name

Address

Address

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

Relationship to Business Owner

Relationship to Business Owner

**Business Owner's Name:**

Reference #1 (Relative not living with Business Owner):

Reference #2:

Name

Name

Address

Address

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

Relationship to Business Owner

Relationship to Business Owner

**AUTHORIZATION OF RELEASE**

**IMPORTANT:** This application must be signed by the applicant and by all owners of 20% or more of the company.

The undersigned hereby certify that the information provided in this Application and in all attachments (excluding personal financial statements and resumes) is true and accurate and not intentionally misleading. The undersigned hereby authorize Community Investment Corporation and/or the Connecticut Health and Educational Facilities Authority (for Childcare MicroLoan applications) to make inquiries as required to verify information as part of this Application, including personal financial statements and resumes, and to obtain the credit reports of the undersigned.

In addition, each individual undersigned certifies that his or her personal financial statement and resume is true and accurate and not intentionally misleading. The undersigned agree that banks, credit agencies and references are authorized to give Community Investment Corporation and/or the Connecticut Health and Educational Facilities Authority (for Childcare MicroLoan applications) any and all information in connection with matters referred to in this Application.

The undersigned agree loan funds obtained as a result of this Application will be used exclusively for the purposes contained in this Application as may be amended.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date