



SMALL BUSINESS LOAN APPLICATION PACKAGE

Thank you for considering Carolina Small Business Development Fund for your small business loan. To assist us in processing your request in an efficient manner, we ask that you please submit a complete application package. If you require assistance in completing this application or related materials, please contact us at 919.803.1437.

Please submit your completed package to EJones@CarolinaSmallBusiness.org. If you are unable to submit your application by e-mail, you may send it to: **Carolina Small Business Development Fund, ATTN: Small Business Lending, 3128 Highwoods Blvd, Suite 170, Raleigh, NC 27604.**

NOTE: If you submit the application by e-mail, you must still print, sign, and mail the Ownership of Business or

SMALL BUSINESS LOAN APPLICATION CHECKLIST

Check the appropriate box after you have included the item in your loan application package. Please be aware that the loan underwriter may request additional items after receiving your loan application package.

Forms that must be downloaded from Carolina Small Business Development Fund's website can be accessed at: <https://carolinasmallbusiness.org/services/tools-and-templates/>

Item to Include with your loan application package	Where to find this form	Included in Package
Signed Small Business Loan Application	Enclosed	
Project, Jobs, and Collateral Information	Enclosed	
Schedule Of Debts	Enclosed	
Signed Equal Credit Opportunity Act Statement	Enclosed	
Business Plan (for new businesses only)	A form is enclosed as a guide. You do not need to use it, as long as you provide us with similar information.	
Information for Government Monitoring Purposes	Enclosed	
Signed Personal Financial Statement. If assets are jointly owned, statement should be completed by all parties.	Enclosed	
Copy of Personal Federal Tax Returns for Most Recent 3 Years. Please submit for each principal. <i>If applying for a microloan (\$50,000 or less) only submit 1 year.</i>	Provided by applicant(s)	
Copy of Business Federal Tax Returns for Most Recent 3 Years. Please submit for each principal. <i>If applying for a microloan (\$50,000 or less) only submit 1 year.</i>	Provided by applicant(s)	
Current Year Internal Financial Statements Within the Last 60 days	Provided by applicant	
Resume(s) of Key Management	Provided by applicant	

SMALL BUSINESS LOAN APPLICATION

Business or Organization Name:		Today's Date:
Business E-mail:		
Business Website:		
Street Address:		City:
State:	Zip Code:	County:
Type of Business: Manufacturing Retail Service Construction Real Estate Restaurant Communications Education Agriculture Technology Tourism Transportation Other		
If you selected "Other" please describe:		
Date Started:	Federal Tax ID # (if incorporated):	
Legal Structure:	C Corporation S Corporation Limited Liability Corporation Legal Partnership Sole Proprietorship	
Contact Person:		
Home Phone:	Business Phone:	
Personal E-mail:		
Veteran Status:	Veteran Service Disabled Veteran Non Veteran Spouse of Veteran	
Who referred you to us? Name:		
Organization:	Phone:	
Organization Type (select from the drop-down list):		
Have you been in contact with any CSBDF staff members? If yes, please state name below		
Please provide a brief summary of your business or organization and the primary need and use for this loan:		

PROJECT INFORMATION

Sources of Funds (Total sources should equal total uses)

Loan Requested	\$	Other Funding Sources	\$
Owner's Investment	\$	Total Project Sources	\$

Uses of Funds (Total uses should equal total sources)

Real Estate Acquisition	\$	Business Acquisition	\$
Building Renovation	\$	Pay off SBA Loan	\$
Leasehold Improvements	\$	Pay off Bank Debt	\$
Machinery & Equipment	\$	Pay off Other Debt*	\$
Inventory Purchase	\$	Other**	\$
Working Capital	\$	Total Project Uses	\$

*Describe Other Debt: _____

** Describe Other: _____

JOBS INFORMATION

Please indicate the number and type of employees you currently have, the number and types of employees you expect to be able to retain if you are approved for this loan (if any), and the number and type of new employees you expect to hire if you are approved for this loan (if any). For part-time and temporary/seasonal jobs, please include the average number of hours worked per week. For temporary/seasonal jobs, also provide the average number of months worked per year.

NOTE: A full-time job is 35 hours per week or more. Less than 35 hours per week is considered part-time.

Employee Type	Current Employees	Employees Expect to Hire (Projected)	Employees Expect to Retain (Projected)
Full-Time: # of employees			
Part-time: # of employees			
<i>Part-time: Average # of hours/week</i>			
Temporary or Seasonal: # of employees			
<i>Temp/Seasonal: Average # of hours/week</i>			
<i>Temp/Seasonal: Average # of months/year</i>			

COLLATERAL INFORMATION

List assets available to secure loan

Asset:	Value of Asset	Loans/Liens on Asset	Location of Asset (Address)
Property*	\$	\$	
Property*	\$	\$	
Inventory	\$	\$	
Equipment	\$	\$	
Accounts Receivable	\$	\$	
Vehicle	\$	\$	
Other**	\$	\$	

*Specify Property Type: (1) _____

(2) _____

**Describe Other Asset: _____

SCHEDULE OF DEBTS

Business debt only, including mortgages, installment debt, revolving credit arrangements, equipment leases, factoring arrangements, and other contractual obligations.

Creditor (To Whom Payable)	Purpose	Original Date	Original Amount	Current Balance	Interest Rate	Maturity Date	Payment Amount	Security (Collateral)

OWNERSHIP OF BUSINESS OR ORGANIZATION

Owners of 20% or more of this business are required to complete the information below and sign and date. For non-profit organizations, please provide this information for the Executive Director, Treasurer and/or Board Chairperson.

Name:		Title/Function:
SSN or TIN: / /	Date of Birth: / /	% Ownership in Business:
Street Address:		City:
State:	Zip Code:	Work Phone:
E-mail Address:		Cell Phone:

Name:		Title/Function:
SSN or TIN: / /	Date of Birth: / /	% Ownership in Business:
Street Address:		City:
State:	Zip Code:	Work Phone:
E-mail Address:		Cell Phone:

Name:		Title/Function:
SSN or TIN: / /	Date of Birth: / /	% Ownership in Business:
Street Address:		City:
State:	Zip Code:	Work Phone:
E-mail Address:		Cell Phone:

The undersigned hereby certifies that the information contained in this application and related materials are true and correct. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business and organizational purposes only, and will not be used for personal or consumer purposes. The undersigned hereby affirms that he or she does not discriminate on the basis of race, color, religion, national origin, gender, marital status, or age. The undersigned hereby acknowledges that any loan commitment must be in writing and signed by an authorized representative of Carolina Small Business Development Fund (CSBDF). The undersigned hereby authorizes CSBDF to make all inquiries it deems necessary to verify the accuracy of this statement and to determine the creditworthiness of the business or organization. The undersigned also authorizes CSBDF to answer questions and inquiries from others seeking credit experience information about the business or organization.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers Carolina Small Business Development Fund’s compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Carolina Small Business Development Fund, Attention: Small Business Lending, 3120 Highwoods Blvd., Suite 350, Raleigh, NC 27604 within sixty (60) days from the date of notification of the credit denial. Carolina Small Business Development Fund will send the Applicant a written statement of the reason(s) for the denial within thirty (30) days of receiving the request for the statement.

The undersigned Applicant hereby acknowledges that he/she is aware that under the provisions of the Equal Credit Opportunity Act, he/she has the right to receive a written statement of the specific reason(s) for the denial if this application for credit is denied.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

BUSINESS PLAN

Applicant Name: _____ Date: _____

Describe the fundamental elements of your business. Describe what business you are in, why you are in it, and what you hope to accomplish. List and describe the products/services you will offer.

Describe qualifications and experience of your management team and other key employees, and any outside professional services (accountants, attorneys, etc.) you have or plan to engage.

Describe the customers you will service and geographic territory to be targeted for marketing efforts. Describe the advertising marketing techniques, pricing, strategies, and tools you will use to promote your business.

List those firms you have identified as primary competitors in your market(s). Identify their strengths and weaknesses. What advantages and disadvantages does your company have as compared with its primary competitors?

Describe your plans for growth or expansion. Include the impact on working capital needs, equipment, and /or your current facility (building).

Describe in detail your plan for financing your business. Please specify how much money you can put towards the project and how much money you need to borrow.

Attach additional pages for any additional comments.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but you are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the following information, please check the box below. If you are a permanent resident alien, please provide a copy of your resident alien ID card.

Race of Borrower:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- I do not wish to furnish this information

Race of Co-Borrower

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- I do not wish to furnish this information

Ethnicity of Borrower:

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

Ethnicity of Co-Borrower

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

Previous Experience with Small Business Lending:

Have you previously applied for a small business loan from a bank?

- Yes No

If you selected yes, what was the outcome—were you approved or denied?

- Approved Denied

If you were approved, were you satisfied with the loan amount (was it sufficient to meet your needs) and the loan terms that were offered?

- Loan Terms: Satisfied Unsatisfied

Why did you choose to apply for a loan with Carolina Small Business Development Fund? (answer below)