



Connecticut Community Investment Corporation

Microloan File Update

I. Business Information									
Loan #:		Loan Program:							
Business Name (include DBA if applicable)		Business Street Address							
Business Phone	Business Fax	City, State, Zip	Federal Tax ID						
Business Email Address		Website							
<ul style="list-style-type: none"> • Total number of existing jobs (include any owner who receives salary/wages) <ul style="list-style-type: none"> ▪ Full Time _____ ▪ Part Time _____ • How many jobs are held by women? _____ • How many jobs are held by minorities? _____ 		Type of Business Entity: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Limited Liability Company (LLC)</td> <td><input type="checkbox"/> Corporation</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Partnership (LLP)</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Husband and Wife</td> </tr> </table>		<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Husband and Wife
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation								
<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Husband and Wife								

II. Business Ownership Information <i>Attach additional pages as needed</i>			
Name	Percentage Ownership	Title/Officer	Social Security Number
A.	_____	_____	____-____-____
B.	_____	_____	____-____-____
C.	_____	_____	____-____-____

III. Owner Personal Information <i>Attach additional pages as needed</i>			
Owner	Owner Home Address		
A.		Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Non-Veteran	Race: <input type="checkbox"/> Native American or 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
		Primary Phone: _____	Personal Email Address: _____
B.		Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Non-Veteran	Race: <input type="checkbox"/> Native American or 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
		Primary Phone: _____	Personal Email Address: _____
C.		Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Non-Veteran	Race: <input type="checkbox"/> Native American or 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
		Primary Phone: _____	Personal Email Address: _____

FOR CTCIC USE ONLY	
Loan Officer:	Old Loan #:
TA Officer:	