



# MicroLoan Application



**Business Information**

**Choose the MicroLoan Program:**     Standard MicroLoan (for any business type)     Childcare MicroLoan

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 (LLP) <input type="checkbox"/> 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:

**Bank of Account (Business)**

Name of Bank:	Account Number:	Type (e.g., Checking, etc.):	Current Balance:
Contact at Bank:	Business Phone:	Business Fax:	

**Bank of Account (Business)**

Name of Bank:	Account Number:	Type (e.g., Checking, etc.):	Current Balance:
Contact at Bank:	Business Phone:	Business Fax:	

**Bank of Account (Personal)**

Name of Bank:	Account Number:	Type (e.g., Checking, etc.):	Current Balance:
Contact at Bank:	Business Phone:	Business Fax:	

**Bank of Account (Personal)**

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

**Business Debt**

*List all existing business debt as of the date of this application. Attach additional sheets if necessary.*

Creditor Name:	Original Amount:	Original Date	Interest Rate:	Security:
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Creditor Address:	Current Balance:	Monthly Payment:	Maturity Date:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
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Creditor Name:	Original Amount:	Original Date	Interest Rate:	Security:
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Creditor Address:	Current Balance:	Monthly Payment:	Maturity Date:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
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Creditor Name:	Original Amount:	Original Date	Interest Rate:	Security:
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Creditor Address:	Current Balance:	Monthly Payment:	Maturity Date:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
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Creditor Name:	Original Amount:	Original Date	Interest Rate:	Security:
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Creditor Address:	Current Balance:	Monthly Payment:	Maturity Date:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
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**Total Current Balance:**      \$ \_\_\_\_\_

**Total Monthly Payments:**      \$ \_\_\_\_\_

**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 <u>ever</u> filed for bankruptcy or defaulted on any other debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently delinquent on your child support payment obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently delinquent on your student loan payments or other government loan payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>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.</b></p> <p><i>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.</i></p>	
4. Are you presently under indictment, on parole or probation? If Yes, indicate date parole or probation is to expire: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you <u>ever</u> 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. <i>All arrests and charges must be disclosed and explained on an attached sheet.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 an minor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Delinquent Taxes**

*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 Delinquent Taxes	Delinquent Amount	Original Due Date	Agreement
FEDERAL TAXES	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
STATE TAXES	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
MUNICIPAL TAXES	\$		<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.

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

**Project Costs & Funding\***

Machinery & Equipment	\$ _____
Inventory	_____
Leasehold Improvements	_____
Marketing/Promotional Materials	_____
Deposits/Professional Fees (specify) _____	_____
Working Capital	_____

**TOTAL PROJECT COST\*\*:** \$ \_\_\_\_\_

Amount of Loan Request	\$ _____
Equity Injection	_____
Funds from the business (not applicable to start-ups)	_____
Other (specify) _____	_____

**TOTAL PROJECT FUNDING\*\*:** \$ \_\_\_\_\_

\*A Sources and Uses Worksheet can be submitted in place of completing this section.  
 \*\*Total Project Cost must equal Total Project Funding

**Eligible Uses of Proceeds**

**1. Machinery & Equipment**

- a. Purchase price including delivery and installation
- b. Note: Rolling stock and titled vehicles generally are ineligible under the program, with the exception of heavy construction equipment.

**2. Inventory**

- a. Not eligible for Childcare MicroLoan

**3. Leasehold Improvements**

- a. Including labor and materials

**4. Marketing/Promotional Materials**

- a. Including website setup and expenses

**5. Deposits/Professional Fees**

- a. Monthly operating expenses are not eligible

**6. Working Capital**

- a. Payment of salaries, delinquent taxes or unspecified uses are not eligible

**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 Connecticut 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 Connecticut 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
_____ Signature of Owner	_____ Name of Owner	_____ Date
_____ Signature of Owner	_____ Name of Owner	_____ Date

# U.S. SMALL BUSINESS ADMINISTRATION

## PART C

### Statements Required by Law and Executive Order

Federal executive agencies, including the Small Business Administration (SBA), are required to withhold or limit financial assistance, to impose special conditions on approved loans, to provide special notices to applicants or borrowers and to require special reports and data from borrowers in order to comply with legislation passed by the Congress and Executive Orders issued by the President and by the provisions of various inter-agency agreements. SBA has issued regulations and procedures that implement these laws and executive orders, and they are contained in Parts 112, 113, 116, and 117, Title 13, Code of Federal Regulations Chapter 1, or Standard Operating Procedures.

#### **Freedom of Information Act (5 U.S.C. 552)**

This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

#### **Privacy Act (5 U.S.C. 552a)**

A person can request to see or get copies of any personal information that SBA has in his or her file when that file is retrievable by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) of the Small Business Act (the Act), 15 USC Section 636(a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b)(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use of personal information is to assist in obtaining credit bureau reports, including business credit reports on the small business borrower and consumer credit reports and scores on the principals of the small business and guarantors on the loan for purposes of originating, servicing, and liquidating small business loans and for purposes of routine periodic loan portfolio management and lender monitoring. See, 69 F.R. 58598, 58617 (and as amended from time to time) for additional background and other routine uses.

#### **Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)**

This is notice to you as required by the Right of Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guarantee. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan or loan guaranty agreement. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan or loan guaranty agreement. No further notice to you of SBA's access rights is required during the term of any such agreement.

The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or to collect on a defaulted loan or loan guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

**Flood Disaster Protection Act (42 U.S.C. 4011)**

Regulations have been issued by the Federal Insurance Administration (FIA) and by SBA implementing this Act and its amendments. These regulations prohibit SBA from making certain loans in an FIA designated floodplain unless Federal flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any future financial assistance from SBA under any program, including disaster assistance.

**Executive Orders -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961)**

The SBA discourages any settlement in or development of a floodplain or a wetland. This statement is to notify all SBA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments in future floods.

**Occupational Safety and Health Act (15 U.S.C. 651 et seq.)**

This legislation authorizes the Occupational Safety and Health Administration in the Department of Labor to require businesses to modify facilities and procedures to protect employees or pay penalty fees. In some instances, the business can be forced to cease operations or be prevented from starting operations in a new facility. Therefore, in some instances SBA may require additional information from an applicant to determine whether the business will be in compliance with OSHA regulations and allowed to operate its facility after the loan is approved and disbursed. Signing this form as borrower is a certification that the OSA requirements that apply to the borrower's business have been determined and the borrower to the best of its knowledge is in compliance.

**Civil Rights Legislation**

All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public, on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

**Equal Credit Opportunity Act (15 U.S.C. 1691)**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or 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 compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

**Executive Order 11738 -- Environmental Protection (38 C.F.R. 25161)**

The Executive Order charges SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environmental protection legislation. SBA must, therefore, impose conditions on some loans. By acknowledging receipt of this form and presenting the application, the principals of all small businesses borrowing \$100,000 or more in direct funds stipulate to the following:

1. That any facility used, or to be used, by the subject firm is not cited on the EPA list of Violating Facilities.
2. That subject firm will comply with all the requirements of Section 114 of the Clean Air Act (42 U.S.C. 7414) and Section 308 of the Water Act (33 U.S.C 1318) relating to inspection, monitoring, entry, reports and information, as well as all other requirements specified in Section 114 and Section 308 of the respective Acts, and all regulations and guidelines issued thereunder.
3. That subject firm will notify SBA of the receipt of any communication from the Director of the Environmental Protection Agency indicating that a facility utilized, or to be utilized, by subject firm is under consideration to be listed on the EPA List of Violating Facilities.

**Debt Collection Act of 1982 Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles)**

These laws require SBA to aggressively collect any loan payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions:

- Report the status of your loan(s) to credit bureaus
- Hire a collection agency to collect your loan
- Offset your income tax refund or other amounts due to you from the Federal Government
- Suspend or debar you or your company from doing business with the Federal Government
- Refer your loan to the Department of Justice or other attorneys for litigation
- Foreclose on collateral or take other action permitted in the loan instruments.

**Immigration Reform and Control Act of 1986** (Pub. L. 99-603)

If you are an alien who was in this country illegally since before January 1, 1982, you may have been granted lawful temporary resident status by the United States Immigration and Naturalization Service pursuant to the Immigration Reform and Control Act of 1986 (Pub. L. 99-603). For five years from the date you are granted such status, you are not eligible for financial assistance from the SBA in the form of a loan or guaranty under section 7(a) of the Small Business Act unless you are disabled or a Cuban or Haitian entrant. When you sign this document, you are making the certification that the Immigration Reform and Control Act of 1986 does not apply to you, or if it does apply, more than five years have elapsed since you have been granted lawful temporary resident status pursuant to such 1986 legislation.

**Lead-Based Paint Poisoning Prevention Act** (42 U.S.C. 4821 et seq.)

Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in SBA regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.

**Agreement of Nonemployment of SBA Personnel**

I agree that if SBA approves this application, I will not for at least two years hire an employee or consult anyone who was employed by the SBA during the one year period prior to the disbursement of the debenture.

**Certification as to Payment for Financial Assistance**

I certify: I have not paid anyone connected with the Federal government for help getting this financial assistance. I also agree to report to the SBA Office of Inspector General, 409 Third Street S.W., Washington, D.C. 20416, any Federal government employee who offers in return for any type of compensation to help get this application approved. I understand that I need not pay anybody to deal with SBA. I also understand that a Certified Development Company may charge the applicant a percentage of the loan proceeds as set forth in SBA regulations as a fee for preparing and processing the loan applications. I agree to pay for or reimburse SBA for the cost of any surveys, title or mortgage examinations, appraisals, etc., performed by non-SBA personnel provided that I have given my consent.

**Certification as to Non-relocation**

Regulations issued by SBA prohibit the making of loans that will result in significant increase of unemployment in any area of the country (13 CFR 120.881(a)). In the event that proceeds from this loan are used to provide a facility for relocation of the beneficiary small business concern (including any affiliate, subsidiary or other business entity under direct, indirect or common control), the undersigned certifies that such relocation will not significantly increase unemployment in the area of the original location.

**Executive Order 12549, Debarment and Suspension** (13 CFR 145)

1. The prospective lower tier participant certifies, by submission of this loan application, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to the loan application.

**Conflicts of Interest**

No overlapping relationship exists between the small business concern, including its associates, and the CDC, including its associates, or any other lender providing financing for the project that could create an appearance of a conflict of interest as defined in 13 CFR 120.140 or violate 13 CFR 120.851. No such relationships existed within six months of this application or will be permitted to exist while assistance is outstanding.

**Other Agreements and Certifications**

I authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate with SBA's guaranteed debenture. I waive all claims against SBA and its consultants for any management and technical assistance that may be provided. In consideration for assistance from the Small Business Administration, I hereby agree that I will comply with all Federal laws and regulations to the extent that they are applicable to such assistance, including conditions set forth in this application. I, my spouse, or any member of my household, or anyone who owns, manages, or directs the business or their spouses or members of their households do not work for the SBA, Small Business Advisory Council, SCORE or ACE, any Federal agency, or the participating lender. If someone does, the name and address of such person and where employed is provided on an attached page.

**Applicant Notifications**

I or any of the officers of my company \_\_\_\_\_ have/ \_\_\_\_\_ have not been involved in bankruptcy or insolvency proceedings. If so, I have attached copies of the proceedings.

I or my business \_\_\_\_\_ is/ \_\_\_\_\_ is not involved in any pending lawsuits. If so, I have attached a description.

**Applicant's Acknowledgment**

My signature acknowledges receipt of these Statements Required by Laws and Executive Orders, that I have read it and that I have a copy for my files. My signature represents my agreement to comply with the requirements SBA makes in connection with the approval of my loan request and to comply, whenever applicable, with the limitations contained in these Statements.

**Certification as to Application Accuracy**

All information in this application, including exhibits, is true and complete to the best of my knowledge and is submitted to SBA so that SBA can decide whether to approve this application. Whoever makes any statement knowing it to be false, or whoever willfully overvalues any security, for the purpose of obtaining any loan, or substitution of security therefore, or for the purpose of influencing in any way the action of SBA, or for the purpose of obtaining money, property, or anything of value, under the Small Business Investment Act, as amended, may be punished by a fine of not more than \$5,000 or by imprisonment for not more than two years, or both, pursuant to the Federal law at 15 U.S.C. 645.

Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact by any trick, scheme or device, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry may be fined up to \$10,000 or imprisoned for up to 5 years, or both, pursuant to the Federal law at 18 U.S.C. 1001.

(Each Proprietor, each General Partner, each Limited Partner or Stockholder owning 20% or more, and each Guarantor must sign. Each person should only sign once.)

If Applicant is a proprietor or partnership, sign below:

If Applicant is an L.L.C. or corporation, sign below:

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

\_\_\_\_\_  
Corporate Name

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

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

Attested by: \_\_\_\_\_ (seal, if required)

Additional Proprietors, Partners, Stockholders or Guarantors as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

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 .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

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.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

<b>Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

<b>Section 4. Real Estate Owned.</b> (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 SBA/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 prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**



# Connecticut Community Investment Corporation

## Personal Resume Form

Required of all 20% or more owners\*

Name \_\_\_\_\_  
First Middle Maiden Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen? – If not, provide alien registration no. \_\_\_\_\_

Present Residence Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Most Recent Prior Address (omit if over 10 years): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
First Middle Maiden Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_

Does the Government Employ You?  Yes  No If yes, give the name of the agency and position: \_\_\_\_\_

### MILITARY SERVICE BACKGROUND

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank At Discharge: \_\_\_\_\_ Honorable?: \_\_\_\_\_

Job Description: \_\_\_\_\_

### EDUCATION (College or Technical Training)

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

Comments: \_\_\_\_\_

\* May attach resume

**WORK EXPERIENCE (List chronologically, beginning with present employment)**

Name of Company: \_\_\_\_\_ % of Business Owned: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Company: \_\_\_\_\_ % of Business Owned: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Name of Company: \_\_\_\_\_ % of Business Owned: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Personal Household Budget

<b>INCOME</b>
---------------

**Annual Income:**

Your Wages (W-2 & 1099)	\$ _____
Your Spouse's Wages (W-2 & 1099)	\$ _____
Other Income (Child Support, Retirement, etc.)	\$ _____
<b>(1) TOTAL Monthly Income</b>	<b>\$ _____</b>

<b>EXPENSES</b>
-----------------

**Monthly Housing Expenses:**

Property Taxes, Water & Sewer	\$ _____
Rent (List Mortgage Payment Under Debt)	\$ _____
Homeowner/Renters Insurance	\$ _____
Gas/Electric	\$ _____
Phone, Local & Long Distance Calls	\$ _____
DSL or High Speed Internet	\$ _____
Cell Phone	\$ _____
Cable TV & Video Rentals	\$ _____
Cleaning Supplies & Service	\$ _____
Lawn Care	\$ _____
Other Maintenance	\$ _____
<b>(2) TOTAL Housing Expenses</b>	<b>\$ _____</b>

**Monthly Food Expenses:**

Groceries	\$ _____
School Lunches	\$ _____
Out to Eat Expense	\$ _____
<b>(3) TOTAL Food Expenses</b>	<b>\$ _____</b>

**Monthly Transportation Expenses (List Car Payment Under Debt):**

Gas Costs for Vehicle	\$ _____
Vehicle Repairs & Oil Changes	\$ _____
Parking	\$ _____
Public Transportation	\$ _____
<b>(4) TOTAL Transportation Expenses</b>	<b>\$ _____</b>

**Monthly Clothing Expenses:**

Clothes for Self/Spouse	\$ _____
Work Clothes/Uniforms	\$ _____
Laundry/Dry Cleaning	\$ _____
Clothes for Children	\$ _____
Other	\$ _____
<b>(5) TOTAL Clothing Expenses</b>	<b>\$ _____</b>

**Monthly Health Expenses:**

Health Care Premium	\$ _____
Life Insurance	\$ _____
Doctor & Dentist Co-Pays	\$ _____

**(6) TOTAL Health Expenses** \$ \_\_\_\_\_

**Monthly Miscellaneous Expense:**

Charity	\$ _____
Tuition	\$ _____
Personal Care (Hair Grooming, Gym, etc)	\$ _____
Recreation/Entertainment	\$ _____
Pets	\$ _____
Organization & Membership Dues	\$ _____
Newspaper/Magazines	\$ _____
Child Care & Family Obligations	\$ _____
Cigarettes & Alcohol	\$ _____
Other	\$ _____

**(7) TOTAL Miscellaneous Expenses** \$ \_\_\_\_\_

**Monthly Debt Payments:**

**Provide Name and Monthly Payment (example CITI Visa \$32.00)**

Credit Card Name	_____	\$ _____
Credit Card Name	_____	\$ _____
Credit Card Name	_____	\$ _____
Personal Line of Credit	_____	\$ _____
Auto Loan	_____	\$ _____
Auto Loan	_____	\$ _____
Student Loans	_____	\$ _____
Home Mortgage	_____	\$ _____
Equity Line of Credit	_____	\$ _____
Back Taxes	_____	\$ _____
Judgments	_____	\$ _____
Child Support	_____	\$ _____

**(8) TOTAL Other Debts** \$ \_\_\_\_\_

**(9) TOTAL Monthly Expenses (Sum of 2 through 8)** \$ \_\_\_\_\_

**Monthly Savings:**

Savings	\$ _____
Emergency Fund	\$ _____
Retirement	\$ _____
Special Needs (Identify) _____	\$ _____

**(10) TOTAL Savings** \$ \_\_\_\_\_

SUMMARY	
Monthly Income (Line 1)	\$ _____
<b>MINUS</b> Total Monthly Expenses and Debt (Line 9)	\$ _____
<b>Equals: Net Monthly Income or Loss w/o Savings</b>	\$ <input type="text"/>
<b>PLUS</b> Total Savings (Line 10)	\$ _____
<b>Equals: Net Monthly Income or Loss</b>	\$ <input type="text"/>

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date