

# START HERE Revolving Loan Fund

## Micro-Loan Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### DEMOGRAPHICS:

#### Race:

- Black or African American
- White
- Asian
- American Indian or Alaska Native
- Not Veteran
- Other: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity:  Hispanic Origin  Not Hispanic Origin

Disability Status:  Disabled  Not Disabled

Veteran:  Vietnam Veteran  Other Veteran

Temporary Aid for Needy Families (TANF) Recipient?

Yes  No

#### Highest Education Grade Completed:

- Elementary
- Junior High School
- High School
- Junior College
- University
- Graduate School

#### Other Public Assistance Received:

- Food Stamps
- Medicaid
- Medicare
- Other
- None

Household Size: \_\_\_\_\_

Monthly Rent/Mortgage (circle one) Payment: \_\_\_\_\_

Marriage Status:  Single  Married  Separated  Divorced  Widow(er)

Head of Household?  Yes  No

Female Head of Household?  Yes  No

Age of Head of Household:  Under 18  18-30  31-50  51-61  Over 62

Health Insurance for Household?  All members Insured  Some members Insured  None insured

Primary Source of Insurance:  Thru business  Thru another job  Through spouse's job

Private Insurance  State Plan  Medicaid  Medicare

None  Other Source: \_\_\_\_\_

Monthly Household Income (gross): \_\_\_\_\_ Annual Household Income: \_\_\_\_\_

### BANKING:

Savings in past 12 months: \_\_\_\_\_

How often do you or anyone in your household cash a check or purchase a money order at a place other than a bank?

At least a few times a year  Once or twice a year  Almost never  Never

**How often do you or anyone in your household use a payday lender?**

- At least a few times a year    Once or twice a year    Almost never    Never

**How often do you or anyone in you household sell items at pawn shops?**

- At least a few times a year    Once or twice a year    Almost never    Never

**In the past 12 months, what is the main reason you or anyone in your household needed a payday loan, tax refund anticipation loan, rent-to-own credit agreement or visited a pawn shop?**

- N/A – Haven't used these services    To make up for lost income    Basic living expenses  
 House repairs of to buy appliance    Medical expenses    Car repairs  
 School or childcare expenses    Special gifts or luxuries    Other: \_\_\_\_\_

**Have you ever filed for bankruptcy?**  Yes    No

**Are you delinquent of child support payments?**  Yes    No

**EMPLOYMENT STATUS:**

Employment Status (select which best describes your position):

- More than full time (40+ hours)    Full time (35-40 hours)    Part time (Up to 35 hours)  
 Self-Employed    Working and in school    Laid off, waiting for a call back  
 Currently seeking employment    Currently in school or job program  
 Homemaker, not seeking employment    Disabled, not seeking employment  
 Disabled, seeking employment    Retired, not seeking employment    Other: \_\_\_\_\_

If employed, current employer (name of company): \_\_\_\_\_

Employment City: \_\_\_\_\_ State (MO/KS): \_\_\_\_ Zip: \_\_\_\_\_

Employment Title: \_\_\_\_\_

Date Employment Began (mm/dd/yyyy): \_\_/\_\_/\_\_

**Additional Monthly Income** (include child support, public assistance, other family member's income: \_\_\_\_\_

**LOAN SPECIFICS:**

**How much would you like to borrow?** \_\_\_\_\_ **How much can you afford in monthly payments?** \_\_\_\_\_

**How do you intend to use this money?** List specific use(s): \_\_\_\_\_

**Number of employees:** Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Will loan funds allow you to hire additional employees?**  Yes    No

If yes, how many? Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Will funds allow you to retain current employees?  Yes  No

If yes, how many? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Will you receive additional sources of capital (loan or grant) for this project?  Yes  No

If yes, describe: \_\_\_\_\_

### **BUSINESS INFORMATION**

Describe borrower experience in business industry: \_\_\_\_\_  
\_\_\_\_\_

Name of business: \_\_\_\_\_

Business address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Type of business

Corporation  LLC  Not yet established  Partnership  S-Corporation  Sole Partnership  Unknown

Is business currently open?  Yes  No If yes, enter date business opened: \_\_\_\_\_

DUNS Number \_\_\_\_\_

Business minority ownership % \_\_\_\_\_ Business female ownership % \_\_\_\_\_

Accountant name: \_\_\_\_\_ Accountant phone number: \_\_\_\_\_

Length of time at current business residence: Years: \_\_\_\_\_ Months: \_\_\_\_\_

How much of your own resources have you used to start and/or operate this business? \_\_\_\_\_

How many hours per week do you CURRENTLY spend on this business? \_\_\_\_\_

How many hours per week do you PLAN to spend on this business? \_\_\_\_\_

How many additional dollars will our loan create for you business? \_\_\_\_\_

If applying with a co-borrower, please provide co-borrower's name: \_\_\_\_\_

Have you ever utilized any West Central Missouri Community Action Agency/New Growth CDC programs?(Y/N)

If so, which one? \_\_\_\_\_