



Date Submitted: \_\_\_\_\_

### Loan Fund Application

Business Legal Name: \_\_\_\_\_

Description of business activity:  
\_\_\_\_\_  
\_\_\_\_\_

**Business Structure:**

\_\_\_\_ Sole Proprietorship \_\_\_\_ General Partnership \_\_\_\_ Limited Partnership \_\_\_\_ Subchapter C Corporation  
\_\_\_\_ Subchapter S Corporation \_\_\_\_ Limited Liability Company \_\_\_\_ Nonprofit Corporation \_\_\_\_ Professional Corporation  
\_\_\_\_ Other Business Structure

**Business Address (physical location):**

\_\_\_\_\_  
(Street) (City) (State) (Zip code)

Business Phone: ( ) \_\_\_\_\_ Other Phone (mobile): ( ) \_\_\_\_\_

Tax ID Number (Business EIN; or owner's SSN if business is a Sole Proprietorship): \_\_\_\_\_ - \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Applicant(s)/Owner(s):** *(if multiple, attach this information on all).*

- 1. Name: \_\_\_\_\_ TxDL#: \_\_\_\_\_  
SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ownership%: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ TxDL#: \_\_\_\_\_  
SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ownership%: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Business Owner/Applicant Home Address:**

\_\_\_\_\_  
(Street) (City) (State) (Zip code)

**Supplemental Contact Information:** (Not living in same residence)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

**Business Owner(s):** \_\_\_\_ Male \_\_\_\_ Female *(if more than one, put appropriate number in each blank)*

**Veteran Status(s):** \_\_\_\_ Active \_\_\_\_ Retired \_\_\_\_ (Honorable) Discharge \_\_\_\_ N/A

**Ethnicity (optional):** \_\_\_\_ Asian \_\_\_\_ Anglo \_\_\_\_ African American \_\_\_\_ Hispanic  
\_\_\_\_ Native American \_\_\_\_ Other (Specify : \_\_\_\_\_)

**Estimated Loan Request:** Working Capital \$ \_\_\_\_\_  
 Equipment \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Other (Specify) \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

**Estimated Owner Cash Contribution:** \$ \_\_\_\_\_ (start-ups require 15-20% equity injection)

**What collateral is available to secure the loan? (Collateral can be from a third party.)**

Type of Collateral	Value	Owned, free and clear?

**BUSINESS HISTORY:**

\_\_\_ Start-up Business \_\_\_ Existing Business

**If existing business, how many years has the business been in operation under current ownership:** \_\_\_\_\_ years

**Last year's Revenues:** \$ \_\_\_\_\_ **Current Revenues:** \$ \_\_\_\_\_

**What are the business's average annual expenses?** \_\_\_\_\_

**Primary Business Bank:** \_\_\_\_\_ **Contact & phone:** \_\_\_\_\_

**Number of Full Time Equivalent Employees:**

\*\*\*Full-Time Equivalent (FTE) employee is the equivalent of working at least a 35-hour workweek. To calculate FTE jobs, any part-time employees should be aggregated to FTE jobs. Example: Two 20-hour per week employees equals 1 (one) FTE employee. For seasonal employees, convert the employee to an annual FTE employee. Example: One 6-month, 35 hour per week seasonal employee equals a 0.5 FTE employee.

- # of **Existing** FTE Jobs as of the date of this application: \_\_\_\_\_
- # of FTE Jobs that could be lost if this loan is not received (reply here only if applicable). \_\_\_\_\_  
 \*If you have jobs that could be lost if a loan is not received, explain why these jobs would be lost:  
 \_\_\_\_\_
- Projected** # of FTE Jobs to be Created within 12 Months of receiving a loan: \_\_\_\_\_
- Projected** # of FTE Jobs to be Created 12 Months after receiving a loan: \_\_\_\_\_

**Additional Information** (Attach a separate sheet with a detailed explanation for any "yes" responses)

- Did you apply through a bank or credit union, and were rejected?  Yes  No
- Are you involved in any claim or lawsuit?  Yes  No
- Are any of your federal, state, or local taxes delinquent?  Yes  No
- Have you or your business ever been involved in any bankruptcy or insolvency proceedings?  Yes  No  
 If yes, date of bankruptcy discharge: \_\_\_\_\_
- Do you have any outstanding judgments?  Yes  No
- Have you ever had property foreclosed upon or given title or deed in lieu of foreclosure?  Yes  No
- Do you owe any outstanding child support?  Yes  No
- Is this loan request under consideration at any other financial institution at this time?  Yes  No
- Are you a US citizen (or have an ITIN)?  Yes  No
- Do you have any contingent liabilities?  Yes  No
- Have you had any NSF's on your bank accounts in the last 3 months?  Yes  No
- Have you addressed any derogatory comments on your personal credit report?  Yes  No

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

**How did you find out about us?** Name \_\_\_\_\_ Organization \_\_\_\_\_

I (we) authorize PeopleFund and/or its agents to make any investigations of credit either directly or through any agency which has credit information. I understand that there are normal costs associated with loan underwriting. **All approved loans are subject to: 1) 2.5% Origination Fee, and 2) \$60 UCC Search/Filing Fee.** *(This list is not all-inclusive, and there may be other fees, all of which will be disclosed prior to loan closing. Loans collateralized with vehicles or Real Estate are subject to other standard fees.)* I agree to inform PeopleFund immediately of any pending or significant changes in my financial condition. I allow PeopleFund staff to share my business information with PeopleFund board and investment committee.

If approved, all PeopleFund clients are required to enroll in auto-debit loan payments.

To the best of my knowledge, I certify that the information in this application is true and accurate. Any intentional false information will render the applicant ineligible for a PeopleFund loan and may be subject to legal action.

**Applicant(s) Signature:** \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### Business Debt Schedule

Company name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please furnish the following information on all business installment debt, contract, mortgages, and lines of credit.

To whom payable	Original Amount	Original Date	Present Balance	Interest rate	Maturity Date	Monthly Payment	Collateral	Current? Yes/No
Acct #:								
Acct #:								
Acct #:								
Acct #:								
Acct #:								
Acct #:								
<b>Total Balance:</b>								

**PERSONAL FINANCIAL STATEMENT** as of \_\_\_\_\_, 20\_\_\_\_

Complete this form if (1) a sole proprietorship; (2) you are a partner in a partnership; (3) each officer or stockholder with 20% or more ownership in a corporation; (4) any other person or entity providing a guaranty on the loan. (Make additional copies as needed.)

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

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Business name & address \_\_\_\_\_

<b>Assets</b>	<b>Sources of Cash</b>	<b>Monthly</b>	<b>Annual</b>
Checking (use sch.1)	Income #1-		
Savings (sch.1)	Income #2-		
Marketable Securities (sch.2)	Rental Income		
IRAs/Retirement	Other Income (sch.5)		
Homestead	<b>Total Income</b>		
Other Real Estate (sch.3)			
Business ownership Interests (sch.4)	<b>Cash Outflows</b>		
Auto	Income Taxes		
Other (use sch.5)	Credit Cards		
<b>Total Assets</b>	Auto Debt		
	Auto Insurance		
<b>Liabilities</b>	Other Debt		
Taxes (if past due)	Rent/Mortgage		
Credit Cards	Other R/E Debt		
Auto Loans	Insurance		
Mortgage	Electric		
Other R/E Debt	Waste/Water		
Installment Loans	Phone		
Other (sch.5)	Cell Phone		
<b>Total Liabilities</b>	Food		
	Entertainment		
<b>Net Worth</b>	Other Expenses (sch.5)		
<b>Debt to Worth</b>	<b>Total Expenses</b>		
	<b>Net Cash Flow</b>		

**Schedule 1: Checking and Savings**

	<b>Financial Institution</b>	<b>Checking balance</b>	<b>Savings balance</b>
1			
2			
3			
4			
5			
6			
	<b>Total:</b>		

**Schedule 2: Marketable Securities** Give listed and unlisted Stocks and Bonds (Use separate sheet if necessary)

	Shares (#)	Name of Security	Cost	Current Market Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Schedule 3: Other Real Estate** (Does not include Homestead. List each parcel separately. Use supplemental sheets if necessary. Each sheet must be identified as a supplement to this statement and signed. Also advise whether property is covered by title insurance, abstract title, or both.)

	Property A	Property B	Property C
Type of property			
Name & address of property			
Date Purchased			
Original Cost			
Present Market Value			
Name & address of Mortgage Co.			
Account Number			
Balance			
Payment per month			
Status of Mortgage (i.e., current or delinquent)			

**Schedule 4: Business Ownership Interests**

	Name of Business	Percent Owned	Description of Business	Net Income	Total Assets	Liabilities	Net Worth
1							
2							
3							
4							
	<b>Total:</b>						

**Schedule 5: Other Information** (All other assets, liabilities, sources of income, and expenses. Please list and describe in detail below.)

	<b>Other Assets</b>	Value
1		
2		
3		
4		
5		
	<b>Total:</b>	

	<b>Other Income</b>	Value
1		
2		
3		
4		
5		
	<b>Total:</b>	

	<b>Other Liabilities</b>	Value
1		
2		
3		
4		
5		
	<b>Total:</b>	

	<b>Other Expense</b>	Value
1		
2		
3		
4		
5		
	<b>Total:</b>	

I certify that, to the best of my knowledge and belief, this is a full, true and correct personal financial statement.

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Signature

Date

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Signature

Date