

Personal Information

Name: _____
First Middle Maiden Last

Street Address: _____

Address (cont): _____
City State Zip

Date of Birth: _____ Social Security Number: _____

Home Phone: _____ Mobile Phone: _____ Other: _____

Email Address: _____ Do you ☐ own ☐ rent ☐ other _____

Monthly rent/mortgage _____ Length of time at address: _____

How did you hear about us?

_____ (Name) _____ (Organization)

Personal Reference: _____ (Name) _____ (e-mail)

Yes No

Have you been involved in any bankruptcy proceedings? (If yes, explain on separate sheet)

Have you had property foreclosed upon? (If yes, explain on separate sheet)

Are any of your federal, state or local taxes delinquent? (If yes, explain on separate sheet)

Are you currently delinquent on any child support? (If yes, explain on separate sheet)

Are there any pending lawsuits or outstanding (If yes, explain on separate sheet)

judgments? Are you behind on any payments? (If yes, explain on separate sheet)

Veteran	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran-Other <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Not Disclosed
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Not Disclosed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Not Disclosed
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not Disclosed
<p><i>The gender/race/ethnicity/veteran data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.</i></p>	



Business Loan Application

Business Information

Business Name: _____

Phone: _____ Fax: _____ Mobile: _____

Website: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Organization: ☐ Sole Proprietor ☐ C Corp ☐ S Corp ☐ LLC ☐ Partnership

Type of Business: ☐ Service ☐ Retail ☐ Wholesale ☐ Manufacturer ☐ Other _____

Date Business Founded: _____ Federal Tax # _____ DUNS# _____

No. of Employees - Full Time _____ Part Time _____ Are they ☐ employees ☐ independent contractors?

How much were your sales last year? \$ _____ How much are your avg. monthly sale? \$ _____

How much are your average monthly expenses? \$ _____

Are you current on your business rent/mortgage? Yes No (If no, please explain)

Are you delinquent on any payroll, income, or sales taxes? Yes No (If yes, please explain)

Do you have a business bank account? Yes No

Amt. Requested \$ _____ Please list the purpose of loan below:

Description	Amount
Real Estate	
Purchase Business	
Buildout/Renovations	
Equipment, furniture, fixtures	
Inventory/supplies	
Software	
Advertising/Marketing	
Other (Describe below)	
Total Request	

Please list any business debt below. If you need additional room, please attach list:

Collateral

Please list assets you can pledge as collateral as required. Homes, rental properties, land, and vehicles must be unencumbered by debt in order to qualify.

Item/Asset	Estimated Value

Contact Information

Communities Unlimited, Inc.
3 East Colt Square Drive
Fayetteville, AR 7270-2994
www.CommunitiesU.org
Reception@CommunitiesU.org
479.443.2700 (Phone)
479.443.4036 (Fax)

Required Documents Checklist

Please note that your Loan Application will not be considered complete until we receive the required documents outlined below. If you have any questions, please contact your CU Representative. Incomplete applications expire after 90 days.

In addition to this Business Loan Application, your loan request should include the following:

- ☐ Personal information page on each individual who owns 15% or more of the business
- ☐ Signed and dated personal financial statement for each individual who owns 15% or more of the business
- ☐ Signed and dated Authorization to Release Information for each person who owns 15% or more of the business and completes the Personal information page and the Personal Financial Statement
- ☐ Business financial statements for the past 3 years
- ☐ Interim financial statements (within 60 days)
- ☐ Business tax returns for the past 3 years when applicable
- ☐ Personal tax returns for the last 2 years for each person who owns 15% or more of the business
- ☐ For established businesses, appropriate documentation for a legal entity (for corporations and LLCs: certificate of good standing with Secretary of State and articles of incorporation/organization; for sole proprietorships: business license; for partnerships: business license and partnership agreement)
- ☐ Completed Business Profile
- ☐ Business Plan
- ☐ 3 Years Business Projections
- ☐ Copy of driver's license
- ☐ For this loan request, have you applied for financing with any other organization or institution
 - Yes
 - No

Authorization to Release Information

AUTHORIZATION FOR VERIFICATION OF INFORMATION PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION:

I understand that this Loan Application may serve as the first step of a loan application and that COMMUNITIES UNLIMITED, INC. may request supporting documents to verify the information provided. As part of the application process, I authorize COMMUNITIES UNLIMITED, INC. to investigate and verify all of the above information. I authorize COMMUNITIES UNLIMITED, INC. to perform a credit check, now or in the future, including obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors, from time to time, as authorized by law including retrieving a copy of my personal credit report. I also understand that the information provided on this form or on my credit report may be used by COMMUNITIES UNLIMITED, INC. to either approve or decline my request for credit and that I may be required to provide other information in addition to this application. The release in any manner of all information by COMMUNITIES UNLIMITED, INC. is hereby authorized whether such information is of record or not, and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information.

Borrower Print Name

Co-Borrower Print Name

Borrower Signature

Co-Borrower Signature

Date

Date

Notices: Intentional falsification of information, statements or values for any purpose including, but not limited to the purpose of obtaining a loan from Communities Unlimited, Inc., may lead to disqualification of the applicant and possible criminal prosecution.

To help the Federal Government fight the funding of terrorism and money laundering activities, Federal law requires all Government program lenders to obtain, verify, and record information that identifies each person who applies for a loan under a Federal Government program. This means that when you apply for a loan under a Federal Government program, we will ask for your name, address, date of birth and other information will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT			CO-APPLICANT		
Full Name			Full Name		
Street Address			Street Address		
City/State/Zip			City/State/Zip		
County			County		
Since	Own <input type="checkbox"/>	Rent \$	Since	Own <input type="checkbox"/>	Rent \$
Previous Address (if less than 5 years at present)			Previous Address (if less than 5 years at present)		
City/State/Zip			City/State/Zip		
Since	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Since	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>
Social Security #		Date of Birth	Social Security #		Date of Birth
Phone: Residence		Work	Phone: Residence		Work
Employer			Employer		
Address			Address		
Position/Title		Since	Position/Title		Since
Previous Employer			Previous Employer		
Position/Title		How Long	Position/Title		How Long
Dependents (include self)			Dependents (include self)		
Marital Status * <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated			Marital Status * <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated		

ASSETS		LIABILITIES	
Cash (Schedule 1)		Short Term Notes Due Financial Insts. (Schedule 7)	
Securities (Schedule 2)		Short Term Notes Due to Others (Schedule 7)	
Life Insurance Cash Value (Schedule 3)		Credit Accounts and Bills Due (Schedule 8)	
Mortgages and Contracts Held by You (Schedule 4)		Insurance Loans (Schedule 3)	
Homestead (Schedule 5)		Installment Loans and Contracts (Schedule 7)	
Other Real Estate (Schedule 5)		Mortgages on Home (Schedule 5)	
Profit Sharing & Pension (Schedule 6)		Mortgages on Other Real Estate (Schedule 5)	
Retirement Accounts, include IRA Accts. (Schedule 1)		Taxes	
Automobile (Describe)		Other Liabilities (Describe)	
Personal Property			
Other Assets (Describe)			
		Total \$	
Total \$		(Total Assets Less Total Liabilities) Net Worth \$	

* ANNUAL INCOME	APPLICANT	CO-APPLICANT	PLEASE ANSWER EACH QUESTION (Yes / No)	APP.	CO-APP
Salary			Are you a Co-Maker, Endorser or Guarantor of any other person's debt?		
Bonuses/Commissions					
Dividends/Interest			Are you a defendant in any suit or legal action?		
Net Real Estate Income					
* Income from alimony, child support, or maintenance payments need not be entered unless you want it considered as a base for repayment.			Have you ever gone through bankruptcy or had a judgment against you?		
Other (List)			Have you made a will?		
Total					

SCHEDULE 1 / CASH, SAVINGS, CERTIFICATES AND IRA ACCOUNTS

Name of Bank or Financial Institution	Type of Account	Acct. Balance
Total \$		

SCHEDULE 2 / SECURITIES OWNED

Par Value or No. of Shares	Description	Registered in Name(s) of	Listed or Unlisted	Current Market Value
Total \$				

SCHEDULE 3 / LIFE INSURANCE

Insurance Company	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Loans
Total \$					

SCHEDULE 4 / RECEIVABLES DUE TO ME ON MORTGAGES AND CONTRACTS I OWN

Name of Debtor	Description of Property	First Lien or Second Lien	Date of Maturity	Repayment Terms	Balance Due
				per	
				per	
				per	
Total \$					

SCHEDULE 5 / REAL ESTATE OWNED

Property Description	Name of Creditor	Year Acquired	Purchase Price	Mortgage Balance	Date of Maturity	Repayment Terms	Current Market Value
						per	
						per	
						per	
						per	
						per	
						per	
Total \$							

Insurance Co.: _____ Agent: _____

SCHEDULE 6 / PROFIT SHARING AND PENSION

Name of Institution	Type of Account	Account Balance	Amount Totally Vested	Loans
Total \$				

SCHEDULE 7 / INSTALLMENTS, CREDIT LINES AND NOTES

Name of Creditor	Collateral	Date of Maturity	Repayment Terms	Balance Due
			per	
			per	
			per	
			per	
Total \$				

SCHEDULE 8 / CREDIT ACCOUNTS, BILLS DUE, ALIMONY/CHILD SUPPORT, DAYCARE, ETC.

Name of Company	Repayment Terms	Balance Due
	per	
	per	
	per	
	per	
	per	
Total \$		

You certify that the information provided in this statement is true and correct. So long as you owe any sums to the lender, you agree to give the lender prompt written notice of any material change in your financial condition and, upon request, you agree to provide the lender with an updated personal financial statement. The bank is authorized to retain this personal financial statement whether or not credit is approved and is further authorized to verify your credit and employment history or any other information in this statement. This application does not obligate the lender to make any loan even if you meet the normal standards the lender considers in determining whether to approve or deny the application.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Business Profile

Name: _____

Business Name: _____

Date of Completion: _____

Note: If you are in the startup stage, answer these questions as though you are already in business.

Loan Request

Amt. Requested \$_____ Please list the purpose of loan below:

Description	Amount
Real Estate	
Purchase Business	
Buildout/Renovations	
Equipment, furniture, fixtures	
Inventory/supplies	
Software	
Advertising/Marketing	
Other (Describe below)	

Describe Other

Products and Services

What products and services do you offer?

If you have one, attach a price list for your products and services.

Where are they sold (your own storefront, online, other channels, etc.)? Please be as specific as possible.

Who are your major suppliers?

Operations and Management

Describe your experience working in this industry. (Attach a resume or biographical sketch)

What are the business's hours of operation?

Do you work full-time? Part-time? If part-time, how many hours a week?

Besides yourself, how many employees do you have? How many hours a week do they work? What are their job functions?

Who is the first responder to phone calls to the business?

How and when do your customers pay?

What financial recordkeeping method do you use (software, manual, etc.)? How often do you update your financial records?

Market and Competitive Analysis

Who are your target customers? Be as specific as possible.

What methods do you use to sell and market to your customers? Be as specific as possible. Use additional paper if necessary.

Name up to three major competitors and discuss them as follows:

Competitor 1

Name	
Location	
Strengths	
Weaknesses	
Where/how do they advertise?	
Who do they market to?	

Competitor 2

Name	
Location	
Strengths	
Weaknesses	
Where/how do they advertise?	
Who do they market to?	

Competitor 3

Name	
Location	
Strengths	
Weaknesses	
Where/how do they advertise?	
Who do they market to?	

Now, discuss your competitive stance.

Strengths	
Weaknesses	
What sets you apart from your competition?	