



MICRO ENTERPRISE LOAN APPLICATION

To the Loan Applicant:

Please complete the information and attach to your completed Business Plan. Give the documents to your Service Coordinator, who will review and forward to our Micro Enterprise Loan Review Committee.

Applicant Information

Name: _____

Home address: _____

Person requesting funding: Person Served: Family Member: Other _____

If other than person served, name and contact information (phone number and e-mail) of person requesting funding: _____

Who will be in the Circle of Support for this Business? Family Friend Other

If other, explain role in detail: _____

Service Coordinator: _____

Credit History (Please circle your response)

Have you ever been denied a loan? No Yes
If yes, state type of loan, lender, and date of application: _____

Have you ever defaulted in the payment of a loan or credit card? No Yes
If yes, state reason, amount of loan/balance and lender: _____

Are you currently in collection for default of loan payments or any form of credit? No Yes
If yes, for what amount and explain the re-payment schedule: _____

Have you filed for bankruptcy in the last 7 years? No Yes

Do you have any outstanding loans? No Yes
If yes, what is the monthly payment? \$ _____ Date of last payment: _____

Credit Card balances (please list)

_____ monthly payment \$
_____ monthly payment \$
_____ monthly payment \$

Information about the Business

Name of Business: _____

Purpose of Business: _____

Please check one: Existing Business: yrs mos Planning Stages: yrs mos

Estimated gross monthly income from Business: \$ _____

Funding Request (not to exceed \$1000)

Equipment	\$ _____
Sales and Marketing	\$ _____
Inventory	\$ _____
Supplies for Production	\$ _____
Other: (Specify)	\$ _____
Total \$ _____	

Reason for Funding Request (as listed above)

Please describe, in the following categories, projected costs along with funding request. For equipment and supplies, provide quotes from three sources:

Equipment: _____

Sales and Marketing: _____

Inventory: _____

Supplies: _____

Other: _____

The information provided in this application is current and accurate to the best of my knowledge. I will report any immediate change in personal or business-related financial status that would compromise the repayment of this loan.

Name of Applicant (print): _____ Date: _____

Applicant's Signature: _____ Date: _____

Note to Applicant:

If the payment schedule established for an approved loan is not met for three months, the loan will be called for the remainder of the funds within 30 (thirty) days. Payments are expected to be paid within the first ten days of the month. Default of loan will preclude recipient from applying for any available loans from Tri-Counties Regional Center in the future.

Be advised that failure to respond to requests for all required documents will delay the processing of your application and affect your eligibility for this funding. TCRC is not connected in any way with the use of these funds and does not support the use of them for purposes that are illegal or otherwise inconsistent with TCRC's mission and code of ethics.

For Internal Use Only

Manager Approval of Application

Services & Supports Manager Approval to submit application to Micro Enterprise Loan Review Committee.

Signature: _____

Date: _____