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1. Contact Information

Business

Name: _____ Business Phone: (____) ____ - ____
 Business Location: _____ Business fax: (____) ____ - ____
 City: _____ State: _____ Zip: _____ Tax ID#: _____
 County: _____

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

Borrower's Name:

Home Address: _____ Home Phone: (____) ____ - ____
 City: _____ State: _____ Zip: _____ Work Phone: (____) ____ - ____
 Email address: _____

Previous Address (If less than 1 year at current address): _____
 Names credit could be under: _____
 Social Security #: _____ Driver's license #: _____ Date of birth: _____
 % Ownership: _____

Have you sought funding for this loan from a bank or other financial institution? If yes, where and what were the results?

2. Business Information

Time owning business: Years: _____ Months: _____ Ownership: Individual Partnership
 Corporation Non-Profit

Business Location: Home Storefront Market Street Other (Explain) _____
 Website: _____

Sales in best month: \$ _____ Month: _____ Worst month: \$ _____ Month: _____

Is your business seasonal? yes no
 Where does the business get its raw materials or supplies? _____
 How do you pay for them? credit cash net 30/60/90 other (explain): _____

Description of business:

How much of your own funds have you invested (or plan to invest) in this business venture or project? _____

3. Loan Information

Loan amount requested: \$ _____
 Approximate monthly payment you would feel comfortable with: \$ _____

Dollar amount	Purpose of loan (please break down purpose of loan by cost)
\$	
\$	
\$	
\$	

What is the minimum loan amount you can work with and what will the purpose be:

Dollar amount	Purpose of loan (please break down purpose of loan by cost)

4. Landlord Information:

Are you a home owner? Yes / No

Home Landlord's Name: _____ Phone #: (____) ____ - ____
 Time at current residence: Years: _____ Months: _____ Fax #: (____) ____ - ____
 Business Landlord's Name: _____ Phone #: (____) ____ - ____
 Time at current location: Years: _____ Months: _____ Fax #: (____) ____ - ____

5. Employment Information

If employed, name/address of employer: _____
 Phone #: (____) ____ - ____ Fax #: (____) ____ - ____ Income: \$ _____ per month (approx.)

6. Financial Information

Business Assets (materials, inventory, machinery, accounts receivable, furniture, fixtures, vehicles, etc.)

Item	Value	Own free and clear
1.	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2.	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3.	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Total:	\$	

Business Liabilities (All business debts; such as vehicles, accounts payable, loans with other lenders, banks, suppliers, etc.; We need the total balance of any loans or debts.)

Item	Monthly Payment	Owed to	Balance
1.	\$		\$
2.	\$		\$
3.	\$		\$
Total:	\$	Total:	\$
Total Owner's Equity (Assets – Liabilities)	Total:	\$	

What collateral will be used to secure this loan (Detail on separate sheet page if necessary)

Item	Resale	Own free and clear
1.	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2.	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3.	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
4.	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Monthly Financials

Personal Financials		
1. Income		Monthly
	Take home from business	
	Spouse's income	
	Applicant's employment income	
	Any other income	
	Total Personal Income	
2. Personal Expenses		
	Education and Childcare	
	Food & Clothing	
	Child Support / Alimony	
	Utilities	
	Insurance, Gasoline, Miscellaneous	
	Home Rent/Mortgage	
	Credit card payments	
	Vehicle and Other Loan payments	
Monthly Business Financials Existing <input type="checkbox"/> Projected <input type="checkbox"/>		
1. Income		Monthly
	a. Gross Sales	
	b. Any Other Income	
	Total Business Income	
2. Business Expenses		
	COGS- Raw Materials, Merchandise	
	Salaries/Labor	
	Insurance, Gasoline, Miscellaneous	
	Utilities	
	Business Rent/Mortgage	
	Credit card payments	
	Vehicle and Other Loan payments	
	Total Business Expenses	
	Gross Business Surplus	
	Owner's Draw	
	Net Business Surplus	

7. Co-Borrower's Information

Co-Borrower's
Name: _____

Home Phone: (____) ____ - ____

Address: _____

Work Phone: (____) ____ - ____

City: _____ State: _____ Zip: _____

Email address: _____

Previous Address (if less than 1 year): _____

Names credit could be under: _____

Social Security #: _____ Driver's license #: _____ Date of birth: _____

% Ownership _____

If there are additional Co-Borrowers please add a page.

8. Bank Account Information

Do you have a bank account? Yes / No

If yes: personal business both

Type of Account: checking savings both

9. Credit Information

If you presently have an active bankruptcy you do not qualify for a loan under our program's guidelines. If you have successfully completed your bankruptcy plan, please provide us with your discharge papers. Thank you.

Have you ever filed for bankruptcy? yes no

Is it active? yes no

If you presently show past due or slow pay in child support accounts you do not qualify for a loan under our program's guidelines. If you are under a payment plan and in compliance with it, please provide us with proof of payments. Thank you.

Are you showing slow pay in child support? yes no
 not applicable

If you presently delinquent in your mortgage and/or your vehicle account you do not qualify for a loan under our program's guidelines. If you have proof that these accounts are current, please provide supporting information. Thank you.

Can you prove that you are current? yes no

Are you currently showing slow pay in your mortgage and/or vehicle accounts? yes no

If you presently delinquent paying government obligations you do not qualify for a loan under our program's guidelines. If you have proof that these accounts are current, please provide supporting information. Thank you.

Can you prove that you are current? yes no

Are you current on all business, personal taxes, and other government obligations (including income taxes, sales taxes, payroll, tax, student loans, etc.)? yes no

10. Socio-Economic Information (Optional – For Statistical Purposes Only)

a) Gender: Male Female

b) Marital status: Married Unmarried Separated

c) Total years of education completed: _____

d) Number in household including yourself: _____

e) Veteran: Yes No

f) Ethnic Background: Hispanic African American Caucasian Native American
 Asian American Other _____

11. Referral Information

Source (bank, SBA, SBDC, etc.)

Name of Referral Contact

How did you hear about
Colorado Enterprise Fund? _____

12. Personal References

(1). Name _____ Address _____ Contact Number _____

Relationship _____

(2). Name _____ Address _____ Contact Number _____

Relationship _____

I attest that all of the information on this application is true. I authorize Colorado Enterprise Fund to investigate and verify the above information, and contact any references regarding this application. I also authorize Colorado Enterprise Fund to perform a credit check, which may include 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. The release of all information by Colorado Enterprise Fund in any manner, 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. I understand that Colorado Enterprise Fund will retain this application whether the loan is approved or denied and that I can appeal Colorado Enterprise Fund decision if the loan is denied.

Signature of Borrower: _____ Date: _____

Signature of Co-borrower: _____ Date: _____

Person conducting intake: _____ Date: _____

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, 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 administrates compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC 2058