



MICRO LOAN PROGRAM

THANK YOU FOR CONSIDERING YOUR CREDIT UNION FOR YOUR BUSINESS BORROWING NEEDS. YOUR CREDIT UNION WILL BE UTILIZING THE SERVICES OF COOPERATIVE BUSINESS SERVICES, LLC ("CBS") TO PROCESS, UNDERWRITE, AND SERVICE YOUR MEMBER BUSINESS LOAN. IN ORDER FOR YOUR CREDIT UNION TO PROVIDE A TIMELY RESPONSE TO YOUR BUSINESS LOAN REQUEST, PLEASE COMPLETE AND SUBMIT THE FOLLOWING REQUESTED INFORMATION DIRECTLY TO CBS OR YOUR CREDIT UNION.

MEMBER BUSINESS INFORMATION

CONTACT NAME _____ CONTACT TITLE _____

BUSINESS NAME _____ DBA _____

ADDRESS _____ CITY _____ STATE _____

PHONE _____ ZIP _____ FAX _____

DATE BUSINESS STARTED _____ NATURE OF BUSINESS _____

BUSINESS TYPE: _____ FEDERAL TAX ID NO. _____
(Corporation, S-Corporation, Partnership, LLC, LLP, Sole Proprietor)

CURRENT FINANCIAL INSTITUTION _____ INSURANCE AGENCY NAME AND PHONE # _____

E-MAIL ADDRESS _____

PRINCIPAL NAME _____ OFFICER TITLE _____ OWNERSHIP % _____

PRINCIPAL NAME _____ OFFICER TITLE _____ OWNERSHIP % _____

PRINCIPAL NAME _____ OFFICER TITLE _____ OWNERSHIP % _____

PRINCIPAL NAME _____ OFFICER TITLE _____ OWNERSHIP % _____

GUARANTOR INFORMATION

EACH GUARANTOR MUST OWN AT LEAST 20% OF THE BUSINESS

GUARANTOR NAME _____ GUARANTOR NAME _____

SOCIAL SECURITY NO. _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ DATE OF BIRTH _____

HOME ADDRESS _____ HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ HOME PHONE _____

LOAN REQUEST INFORMATION

AMOUNT NEEDED _____ INITIAL TERM _____

USE OF PROCEEDS _____

COLLATERAL DESCRIPTION _____

LIEN POSITION AVAILABLE _____ LOAN REFINANCE (Y/N) _____

IF LOAN REQUEST IS A REFINANCE, DO YOU HAVE A PREPAYMENT PENALTY (Y/N) _____

REQUIRED FINANCIAL INFORMATION

- BUSINESS INCOME TAX RETURNS FOR THE LAST THREE YEARS IF ORGANIZED AS A CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY (SIGNED AND COMPLETED COPIES)
- PERSONAL INCOME TAX RETURNS FOR THE LAST THREE YEARS FOR EACH OWNER OF 20% OR MORE OF THE COMPANY (SIGNED AND COMPLETE COPIES)
- BUSINESS FINANCIAL STATEMENTS FOR THE LAST THREE YEARS, IF AVAILABLE
- MOST RECENT INTERIM FINANCIAL STATEMENTS
- PROJECTIONS FOR THE NEXT TWO YEARS (IF REQUESTED BY YOUR CREDIT UNION)
- COMPLETION OF BUSINESS DEBT SCHEDULE FORM
- COMPLETION OF PERSONAL FINANCIAL STATEMENT FOR EACH 20% OR MORE OWNER OF THE COMPANY
- SUBMISSION OF ORGANIZATIONAL DOCUMENTS AS APPLICABLE
- IF APPLYING FOR A COMMERCIAL REAL ESTATE LOAN, PLEASE PROVIDE A COPY OF YOUR REAL ESTATE COUNTY TAX ASSESSED VALUE CARD.

NOTICE

Cooperative Business Services, LLC (“CBS”) complies with Section 326 of the Patriot Act, which requires CBS to obtain, verify, and record information that identifies each applicant for financing. CBS complies with the FACT Act, and other similar laws, which allow each applicant to opt out of information sharing for marketing purposes. CBS also complies with the Equal Credit Opportunity Act (“ECOA”), which prohibits creditors from discriminating against credit applicants on basis of race, color, religion, national origin, sex, marital status, age, receipt of public assistance, or exercise of legal rights, including the good faith exercise of any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

NATIONAL CREDIT UNION ADMINISTRATION REGIONAL DIRECTOR, REGION II,
Suite 700, 1776 G Street NW, Washington, District of Columbia 20006

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

Please contact CBS at **1-888-697-9555** if you have any questions regarding the requested information.

PERSONAL FINANCIAL STATEMENT

As of _____ 20 _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name	Business Phone ()
	Residence Phone ()
Residence Address	E-mail Address
City, State, & Zip Code	
Business Name of Applicant/Borrower	

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

ASSETS	(Omit cents)	LIABILITIES	(Omit cents)
Cash on Hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Accounts	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (other)	\$
Stocks and Bonds	\$	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	\$
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
		Net Worth	
Total	\$	Total	\$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$

Description of Other Income in Section 1.

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Section 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

(continued on reverse side)

Section 3. Stocks and bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
	Property A	Property B	Property C		
Type of Property					
Address of Property					
Name of Property Owner					
Date Purchased					
Original Cost					
Present Market Value					
Name of Lender					
Loan Number					
Loan Balance					
Amount of Payment per Month					
Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).					
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).					
Section 7. Other Liabilities. (Describe in detail).					
Section 8. Insurance Held. (Give face amount and cash surrender value of policies - name of insurance and beneficiaries).					
I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I also authorize the lender to pull a personal credit bureau report. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements on an SBA loan application may result in forfeiture of benefits, a fine up to \$10,000, or imprisonment for not more than five years, or both, under 18 U.S.C. 1001. FALSE statements on a conventional loan application may result in fines and imprisonment under relevant Federal and State laws.					
Signature:		Date:		Social Security Number:	
Signature:		Date:		Social Security Number:	

