

# RE: Downtown Bristol Emergency Loan Fund



## BUSINESS DEVELOPMENT LOAN APPLICATION

### I. LOAN INFORMATION:

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Amount</td> <td style="width: 35%; text-align: center;">Term</td> </tr> <tr> <td>TOTAL LOAN REQUEST</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>PURPOSE OF LOAN</td> <td colspan="2">_____</td> </tr> </table>		Amount	Term	TOTAL LOAN REQUEST	\$ _____	_____	PURPOSE OF LOAN	_____		<p style="text-align: center;"><b>ALL LOANS REQUIRE COLLATERAL</b></p> <p>What type of collateral will you pledge for this loan?</p> <p>_____</p> <p>_____</p>
	Amount	Term								
TOTAL LOAN REQUEST	\$ _____	_____								
PURPOSE OF LOAN	_____									

### II. PRIMARY APPLICANTS INFORMATION:

### CO-APPLICANTS INFORMATION (IF APPLICABLE):

<p>_____ Primary applicants Name (first, middle, last)</p> <p>_____ Social Security #      _____ Date of Birth</p> <p>_____ Physical/ Street Address</p> <p>_____ City                      State      Zip</p> <p>Phone: _____                     Home              Cell              Business</p> <p>County of residence _____ Years at this address _____</p> <p>Own <input type="checkbox"/> Rent <input type="checkbox"/> Monthly \$ _____</p> <p>Email Address _____</p> <p>Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed by _____ Income: _____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Additional income: _____ Source: _____ Will income continue after the business opens? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Address _____ Position _____ Start Date _____</p> <p>Previous employer (If current employer is less than 2 years) _____ Position _____ Start Date _____</p> <p>List all dependents:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td>Date of Birth</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name	Date of Birth	_____	_____	_____	_____	_____	_____	<p>_____ Primary applicants Name (first, middle, last)</p> <p>_____ Social Security #      _____ Date of Birth</p> <p>_____ Physical/ Street Address</p> <p>_____ City                      State      Zip</p> <p>Phone: _____                     Home              Cell              Business</p> <p>County of residence _____ Years at this address _____</p> <p>Own <input type="checkbox"/> Rent <input type="checkbox"/> Monthly \$ _____</p> <p>Email Address _____</p> <p>Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed by _____ Income: _____ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Additional income: _____ Source: _____ Will income continue after the business opens? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Address _____ Position _____ Start Date _____</p> <p>Previous employer (If current employer is less than 2 years) _____ Position _____ Start Date _____</p> <p>List all dependents:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td>Date of Birth</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name	Date of Birth	_____	_____	_____	_____	_____	_____
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<p><b>HAVE YOU EVER DECLARED BANKRUPTCY?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>DATE FILED:</b> _____ CH. 7 <input type="checkbox"/> CH. 13 <input type="checkbox"/>  <b>DISCHARGE DATE:</b> _____  <b>HAVE YOU EVER HAD JUDGMENTS ENTERED AGAINST YOU?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>ABOUT YOUR BUSINESS</b>          Business Name: _____          Business Address: _____          Business Phone: _____          Entity Type: <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp          Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>          Taxes filed through: _____ YEAR</p>
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**LIST ONE RELATIVES NOT LIVING WITH YOU AND TWO PERSONAL REFERENCES NOT RELATED TO YOU:**

Relative	Personal	Personal
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____	Phone: _____

The undersigned hereby authorizes People Incorporated of Virginia or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein, and to determine credit-worthiness. Further, the undersigned hereby certifies to the best of their knowledge that the enclosed application information including all attachments, exhibits, schedules, and supporting documents are valid, accurate, correct, and complete as the stated date(s). These statements are made for the purpose of obtaining a loan. False statements may result in forfeiture of benefits. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business purposes only, and will not be used to pay current debts, general fees related to the preparation of this document, personal or consumer purposes. If you are dissatisfied with the loan decision or have any complaints please contact the Director of Community Economic Development, Barbara Sikora at 276-619-2243 or [bsikora@peopleinc.net](mailto:bsikora@peopleinc.net).

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Printed Name of Co-Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Co-Applicant**

\_\_\_\_\_  
**Date**

**ABINGDON, VA**  
 1173 W. Main St. / 24210  
 Phone: 276 623-9000  
 Fax: 276 525-1211  
 Jeremy Repass  
 Senior Business Lender/Advisor  
 Email: [jrepass@peopleinc.net](mailto:jrepass@peopleinc.net)

**WOODSTOCK, VA**  
 150 S. Main St. / 22664  
 Phone: 540 459-9096  
 Fax: 540 439-8732  
 Kamran Gill  
 Business Lender/Advisor  
 Email: [kgill@peopleinc.net](mailto:kgill@peopleinc.net)

**MANASSAS, VA**  
 9324 West Street, Suite  
 201/20110  
 Phone: 571 445-3027  
 Fax: 571 445-3030  
 Business Lender/Advisor  
 Email: [businessdev@peopleinc.net](mailto:businessdev@peopleinc.net)

**WARRENTON, VA**  
 70 Main St, Suite 23 / 20186  
 Phone: 571 359-3897  
 Jenny Knox  
 Senior Business Lender/Advisor  
 Email: [jknox@peopleinc.net](mailto:jknox@peopleinc.net)

Angie Prater  
 Business Lender/Advisor  
 Email: [angela\\_prater@peopleinc.net](mailto:angela_prater@peopleinc.net)

Thank you for your interest in our program. Because the services we provide are made available through public funding, we are required to follow up with the persons that we serve so please take the time to provide us with some information. All information provided is strictly confidential. Please feel free to ask if you have questions about the information requested.

<b>How did you learn about our program?</b>			
<input type="checkbox"/> SBA		<input type="checkbox"/> Other Government Agency	<input type="checkbox"/> Website
<input type="checkbox"/> SBDC		<input type="checkbox"/> Local Bank	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Other, specify: _____	
<b>Military Status:</b>	<b>Gender</b>	<b>Are you considered to be disabled?</b>	<b>Ethnicity:</b>
<input type="checkbox"/> Veteran	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Male	<input type="checkbox"/> No	<input type="checkbox"/> Cape Verdean <input type="checkbox"/> Native American
			<input type="checkbox"/> Other
<b>Family Type:</b>		<b>Household Status:</b>	
<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Two Parent	<input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
<input type="checkbox"/> Single Person	<input type="checkbox"/> 2 Adults	<input type="checkbox"/> Other	
<b>Household Type:</b>		<b>Do you have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other, specify: _____
		<b>Do you receive Food Stamps?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>WIC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Years of Education Completed:</b>			
<input type="checkbox"/> Less than 9th grade <input type="checkbox"/> 9 - 12 <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> College Courses/No degree <input type="checkbox"/> College Graduate <input type="checkbox"/> Other			
<b>Have you ever received TANF (formerly AFDC) benefits?</b>		<b>What was the last year you received TANF/AFDC?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Year: _____	
<b>Check all that apply:</b>			
<input type="checkbox"/> Farmer <input type="checkbox"/> Seasonal Farmer <input type="checkbox"/> Migrant Farm Worker			
<b>Signature:</b>			
I understand that any information disclosed to be held in strict confidence. I certify that all information provided is true and correct to the best of my knowledge and understand that this information may be verified by People Incorporated staff to determine eligibility for program services. I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. I waive all claims against People Incorporated of Southwest Virginia and its affiliate People Incorporated Financial Services and their employees, directors, and agents arising from this assistance. I understand that I am receiving assistance and information from People Incorporated of Southwest Virginia and People Incorporated Financial Services so I can make informed decisions about starting, expanding or operating my business.			
_____ Signature			_____ Date
The Economic Development Group of People Incorporated is an intermediary for the Small Business Administration (SBA) Microloan program. Funding is also received from the State of Virginia, local government and Private sources.			
Our office is located at 1173 West Main Street, Abingdon, VA 24210. We can be reached by telephone at (276)619-2228 or e-mail at <a href="mailto:businessstart@peopleinc.net">businessstart@peopleinc.net</a> . Please visit our website <a href="http://www.businessstart.org">www.businessstart.org</a> .			
<b>We Look Forward to Serving You!</b>			
<b>List the organization or individual who provided you with this application.</b> _____			
_____			