



North Side Community Federal Credit Union
 1011 W Lawrence Ave.
 Chicago, IL 60640

Small Business Loan Application

The information you provide in this application will be held strictly confidential. This application will expire 60 days after submission. Please fill out the application completely; incomplete applications will not be considered.

****This application must be submitted with a copy of your Drivers License or State-Issued ID and \$25 application fee made out to North Side Community Federal Credit Union in order to be processed.**

1 - Contact Information

Legal Name of Business/DBA

Name(s) of Partners who own 20% or more interest

Business Phone # _____ Fax # _____

Business Address _____

City _____ State _____ Zip Code _____ Web Address _____

Guarantor #1

Name _____

Home Phone # _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

E-Mail _____

Work Phone # _____ Cell Phone _____

Drivers License # _____ Marital Status: Married Unmarried Separated

Social Security # _____ Date of Birth _____ / _____

/ _____

Annual Salary _____ Annual Salary from this Business(If applicable) _____

Other Household Income _____ Total income: _____

Previous Address (if less than 1 year at current address):

Guarantor #2

Name _____

Home Phone # _____

Home Address _____ Apt.

City _____ State _____ Zip Code _____

E-Mail _____

Work Phone # _____ Cell Phone

Drivers License # _____ Marital Status: Married Unmarried Separated

Social Security # _____ Date of Birth _____ / _____ / _____

Annual Salary _____ Annual Salary from this Business (If applicable) _____

Other Household Income _____ Total income: _____

Previous Address (if less than 1 year at current address):

2 - Business Information

What is the structure of your business? Individual / Partnership / Corporation / Non-Profit/ Unknown

Description of business activity

How long have you been in business? Yrs: _____ Months: _____ Years of
experience _____

If in business longer than 6 months: Sales in best month: \$ _____ Month:

Sales in 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):

Business Location: Storefront / Home / Office / Street / Other Status: Rent Own Other

3 - Loan Request Information

Project Summary

Sources:

Equity Injection: _____

Loan Amount: _____

Other sources: _____

Total _____

Uses:

Real Estate Build Out	
Inventory	
Working Capital	
Total Uses of Funds	

What collateral will be used to secure this loan?

(Can include personal or business vehicles owned free and clear, business assets such as accounts receivables, machinery and inventory)

Item and Description	Resale Value	Own Free and clear
		Yes ___ No ___
		Yes ___ No ___
		Yes ___ No ___
		Yes ___ No ___

4 - Landlord Information

Housing Status: Rent Own Other (describe):

Monthly Mortgage or Rent _____

Home Landlord's Name: _____ Landlord phone

Time at current residence: Years: _____ Months: _____ Landlord fax

Business Location Status: Rent Own Other (describe):

Monthly Mortgage or Rent _____

Business Landlord's Name: _____ Landlord phone

Time at current location: Years: _____ Months: _____ Landlord fax

5 – Employment Information

If employed, Name of Employer

Address _____ City _____ State _____ Zip code

Your position _____ How long have you worked there?

Who is your supervisor? _____ Supervisor's phone #

6 – Financial Information

Business Assets (materials, inventory, machinery, accounts receivable, furniture, fixtures, vehicles, etc.)			
Item and Description	Purchase Date	Estimated Value	Own Free and Clear
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
TOTAL		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Business Liabilities	Creditor Name	Monthly Payment	Total Balance
Loan Payment #1		\$	\$
Loan Payment #2			
Loan Payment #3			
Supplier Credit		\$	\$
Business Vehicle		\$	\$
Auto/Equipment Lease		\$	\$
Loans from Family/Friends		\$	\$
Credit Card/ Other		\$	\$
TOTAL			\$

Also complete attached Personal Financial Statement

NSCFCU Business Loan Application

7. Co-Borrower's Information

All business partners that own at least 20% of the business are required to sign as co-borrowers.

Co-Borrower's Name _____ Home Phone# _____
Home Address _____ Apt # _____
City _____ State _____ Zip Code _____
Work Phone# _____ Cell# _____ E-Mail _____
Dr. Lic. # _____ Names credit could be under _____
Social Sec. # _____ Birthdate _____
Previous Address(if less than 1 yr. At current address): _____

8. Bank Account Information

Do you have a bank account? yes No If yes, Personal Business Both
Type of account checking Savings Both

9. Co-Signer

Contact Name: _____
Contact Phone: _____
Contact Email: _____
Total Credit Extended: _____
Monthly Payment Amount: _____
Balance Due: _____

10 – 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 OR federal or state taxes 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
Can you prove that you are current? Yes No

Are you currently past due for any taxes? Yes No
Can you prove that you are current? Yes No

If you presently past due on your mortgage, rent or 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.

Are you past-due on your mortgage, rent, or vehicle accounts? _ Yes _ No

11 – Business References:

1. Supplier/Customer/Other (circle one):

Contact Name _____ Phone # _____

Address

2. Supplier/Customer/ Other (circle one):

Contact Name _____ Phone # _____

Address

I attest that all of the information on this application is true. I authorize North Side Community FCU to investigate and verify the above information, and contact any references regarding this application. I also authorize North Side Community FCU 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 North Side Community FCU, 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 North Side Community FCU will retain this application whether the loan is approved or denied and that I can appeal North Side Community FCU decision if the loan is denied. I understand that this application will expire 60 days after submission.

Signature of Borrower: _____ Date: _____

Signature of Co-borrower: _____ 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.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

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, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

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 Account	\$	_____	(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.

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

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

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

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 attachment 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			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

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. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. 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 may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**