



Business Loan Application Package

New Mexico Community Development Loan Fund
423 Iron Ave SW · PO Box 705 · Albuquerque · NM · 87103
Phone (505) 243-3196 www.loanfund.org
Toll free (866) 873-6746 Fax (505) 243-8803

Thank you for your interest in applying for a business loan from the New Mexico Community Development Loan Fund (The Loan Fund), an Equal Opportunity Lender.

For us to give full consideration to your loan request please submit the following:

_____ 1. Non-refundable application fee of \$50.00 for corporations/ limited liability companies/ partnerships, or \$25.00 for individuals / sole proprietorships.

_____ 2. Completed Loan Application, including Personal/Joint Financial Statement, Personal/Household Monthly Living Expenses form, Business Information & Debt Schedule.

NOTE: Co-makers and any persons owning 20% or more of the business must also complete and submit a Loan Application, Personal/Joint Financial Statement and Personal/Household Monthly Living Expenses form to be considered.

_____ 3. Copies of last two years of personal Federal income tax returns for each owner/co-maker.

_____ 4. For established businesses:

- Copies of last two years of corporate or partnership Federal tax returns.
- Interim business financial statements dated within the last 90 days.
- Business Plan (if available).

For start up businesses:

- Business Plan.
- Business cash flow projections by month for one year.

_____ 5. Collateral information:

- If real estate is offered, please include a copy of the Warranty Deed, most current appraisal or latest property tax bill.
- For any other collateral (e.g. vehicles, equipment, inventory, etc.) include copies of any information that will help to establish value.

_____ 6. A brief written explanation of any credit issues (for example, collection items, judgments, or bankruptcies) in the applicant's history.

If you have any questions or if you need help filling out the forms, please call us at (505) 243-3196. We look forward to working with you on this request.



Loan Application

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Have questions about how to fill out the application? Please contact us!

Business Information

Applicant Name: _____ Tax ID #: _____

Description of Business: _____

Business Location: Home Office Storefront Market/Fair Other _____

Business Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Legal Entity: Sole proprietor Partnership LLC Corporation Other: _____

Length of business ownership? ___ Yrs ___ Mos **OR** Startup Percent of Ownership **: _____

****Each person owning 20% or more of the business must complete an application to be considered.**

Personal Information

Applicant Name: _____ Soc Sec #: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Email Address: _____ Driver's license #: _____ State: _____

Marital Status: Married Unmarried (single/divorced/widowed) Date of Birth: _____

Spouse Name: _____ Soc Sec #: _____

Spouse Cell Phone #: _____ Driver's license #: _____ State: _____

Spouse Date of Birth: _____ How did you hear about us? _____

Loan Request (Estimated amounts are acceptable)

Amount	Loan Purpose (e.g. equipment, working capital, inventory, build-out expenses, etc)
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____ = TOTAL \$ _____

Collateral (List all items/assets that you own outright that could be used to secure your loan)

Estimated Value	Description (e.g. vehicle info, property address, business assets, equipment, etc)
\$ _____	_____
\$ _____	_____
\$ _____	_____ = TOTAL \$ _____

Is there another person willing to guarantee on your loan? No Yes/Possibly, who?: _____

Credit History & Financials (Please attach an explanation of any question answered "Yes")

Have you ever filed bankruptcy? No Yes, Type & Date filed: _____

Do you have any collection items, child support payments, judgments, unpaid taxes or payment plans (personal or business)? No Yes

Are you or your business involved in any pending lawsuits? No Yes

Have you ever been convicted, charged or indicted for a felony? No Yes

References (Please provide two personal references; one should be a relative who does not live with you)

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Demographic & Impact Data

This information is used to record the demographics and measure the impact of assistance provided by The Loan Fund, an Equal Opportunity Lender. It is used internally and reported to funding sources in aggregate only.

Applicant

Are you: Male Female

Are you living with a disability? No Yes

Are you a veteran? No Yes

Do you live on an Indian reservation or pueblo? No Yes

Are you: African American Asian Hispanic Native American White Other

Do you: Own your home Rent

How many people in your household (including self)? _____

What is your personal annual income? \$_____ Your household annual income? \$_____

Have you received any type of public assistance in the last 12 months? No Yes, Type: _____

Business

Current number of employees (including self): _____ Full time _____ Part time = _____ Total

Current wage range for hourly employees? From \$_____ to \$_____ OR N/A

Projected new employees in the next 12 months if financing is received? _____ Full time _____ Part time

Authorization & Certification

I/We authorize the New Mexico Community Development Loan Fund (The Loan Fund) and/or its agents to make any investigations of credit either directly or through any agency which has credit information. I/We agree that this application and any attachments shall remain The Loan Fund's property whether or not the loan is granted. I/We hereby certify that all information contained in this document and any attachments is true and correct to the best of my/our knowledge. In addition, it is understood that neither The Loan Fund nor its agents will directly benefit from this relationship. The Loan Fund does not warrant or guarantee in any manner that its assistance will result in business success. I/We specifically waive and release any claims now or in the future regarding the assistance provided by The Loan Fund and/or its agents.

Applicant Signature _____

Date _____

Spouse Signature _____

Date _____

Please include an application fee (check/money order/cash) of \$25.00 for individuals/sole proprietorships or \$50.00 for corporations/limited liability companies/partnerships made payable to The Loan Fund.

The Loan Fund does not discriminate against applicants on the basis of race, color, religion, national origin, sex, marital status, physical or mental disability, or age (provided the applicant has the capacity to enter into a binding contract). While special emphasis is placed on assisting low income people, women and minorities, The Loan Fund's primary mission is to assist businesses and nonprofits that provide positive social benefits or meet other special requirements and may not be able to access capital from traditional sources. The Loan Fund is an Equal Opportunity Lender.



Business Information Form & Debt Schedule

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General Information *(Attach additional sheets for further detail if necessary.)*

Business Name: _____ Mo/Yr business started: _____ **OR** Startup

Business Address: _____

Business located on an Indian reservation or pueblo? No Yes Experience in industry? ____ Yrs ____ Mos

For startup businesses: Do you have a written business plan? No Yes (Required; please attach)

For established businesses: Did the business make a profit last year? No Yes

Accounting records by: Professional/CPA Partner/Employee Spouse Self Not Kept

Are all taxes (gross receipts, self employment, employee, income, etc) current? No Yes (If no, please explain)

Business Depository Accounts *(Attach additional sheets for further detail if necessary.)*

Bank Name	Account number	Average Balance
_____	_____	\$ _____
_____	_____	\$ _____

Business Loan Accounts

As of _____ (date)

(Please supply the following information for all term loans, credit lines, mortgages, credit cards, equipment leases, etc. Attach additional sheets for further detail if necessary.)

Name of Creditor	Line or Loan?	Secured or Unsecured?	Total Outstanding Balance Of Loan or Line of Credit	Monthly Payment	Date Opened	Current or Delinquent?
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
TOTAL =			\$ _____	\$ _____		

Business Trade/Supplier References

Business Name	Contact Person	Telephone number
_____	_____	_____
_____	_____	_____



Personal/Joint Financial Statement

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Applicant Name: _____ **Social Security #:** _____

Spouse Name: _____ **Social Security #:** _____

Purpose: This form helps to demonstrate your personal financial situation. Because you will be asked to personally guarantee the loan, The Loan Fund will review your assets, liabilities, and ability to handle additional debt.

Instructions: 1) Do not include any business assets or debts on this form. Business information should be included on the Business Information Form & Debt Schedule and in financials provided separately as a part of the application package. 2) Be sure to include complete detailed information on all open accounts as this statement will be cross-referenced with your credit report. Incomplete information typically holds up the loan application review process. 3) If you have questions about how to fill out this form, please contact us.

ASSETS	LIABILITIES
Checking accounts/Cash on hand \$ _____	Notes Payable (see section 2) \$ _____
Savings accounts & CDs \$ _____	Auto Loans/Leases (see section 2) \$ _____
Vehicles (estimate current market value)	Credit Cards (see section 2) \$ _____
Yr/Make _____ \$ _____	Student Loans (see section 2) \$ _____
Yr/Make _____ \$ _____	Other Installment Loans (see section 2) \$ _____
Yr/Make _____ \$ _____	Mortgages on Real Estate (see section 3) \$ _____
Tax Refund \$ _____	Loans on Life Insurance \$ _____
Real Estate (see section 3) \$ _____	Unpaid Taxes (see section 8) \$ _____
Stocks & Bonds (see section 4) \$ _____	Accounts Payable \$ _____
Other Assets & Personal Property (see section 5) \$ _____	Other Liabilities (see section 9) \$ _____
Accounts/Notes Receivable (see section 6) \$ _____	Total Liabilities = \$ _____
IRAs/Retirement accounts (see section 6) \$ _____	NET WORTH
Life Insurance- Cash Value only (see section 7) \$ _____	Total Assets – Total Liabilities = \$ _____
Total Assets = \$ _____	

SECTION 1: Income and Liabilities

<u>Sources of Income</u>			<u>Contingent Liabilities</u>	
	Self	Spouse		
Annual Salary/Wages	\$ _____	\$ _____	As guarantor or co-maker	\$ _____
Real Estate Income	\$ _____	\$ _____	Legal claims and judgments	\$ _____
Net Investment Income	\$ _____	\$ _____	Income/Self employment tax	\$ _____
Other Income	\$ _____	\$ _____	Other special debt	\$ _____
Total	\$ _____	\$ _____	Total	\$ _____

SECTION 2: Notes Payable, Auto Loans/Leases , Credit Cards, Student Loans & Other Installment Loans

(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

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

SECTION 3: Real Estate Owned (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Address & Type of Property	Title is in Name of:	Date Purchased	Original Cost	Present Value	1 st Mortgage Balance	Amount of Payment	Status of Mortgage

SECTION 4: Stocks & Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

SECTION 5: Other Assets & Personal Property (List and describe items.)

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SECTION 6: IRAs, Retirement Accounts & Notes Receivable (Describe in detail.)

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SECTION 7: Life Insurance Held (Give face amount of policies - name of company and beneficiaries)

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SECTION 8: Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and what, if any property the tax lien attaches.)

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SECTION 9: Other Liabilities (Describe in detail.)

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The undersigned certifies that the above facts are true and accurate statements of FINANCIAL CONDITION AS OF _____ (date) and further agrees to advise The Loan Fund immediately if there are material changes in my/our financial condition. I/We further authorize The Loan Fund to make any verification of the above information it deems necessary in order to obtain this loan.

Applicant Signature

Date

Spouse Signature

Date



Personal/Household Monthly Living Expenses

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Applicant Name: _____ **Date:** _____

Number in Household: _____ (include self, spouse, children, relatives, etc)

Purpose: This form helps to define your personal monthly living expenses. It demonstrates how much you need to draw from salaries and/or the business in order to meet your personal monthly obligations.

Instructions: 1) In the case of a married couple, combine all living expenses. If you share living expenses with a non-spouse, please include the full amount of mortgage(s)/rent, utilities, phone(s), and cable TV. 2) Do not include any business expenses on this form. This includes any vehicle, credit card, or debt payments that may be business related or any other expenses that you may be deducting on your business financials. 3) If there are certain expenses that don't come up monthly, but rather quarterly, yearly, etc, divide the annual amount of the expense by 12 months to arrive at an average monthly expense. 4) If you have questions about how to fill out this form, please contact us.

<u>HOUSEHOLD VARIABLE EXPENSES</u>	<u>Monthly Cost</u>
Gas / Electric	\$ _____
All Other Utilities	\$ _____
Phone(s) (cell/home)	\$ _____
Cable TV	\$ _____
Groceries	\$ _____
Car- Gas	\$ _____
Car- Maintenance	\$ _____
Other	\$ _____
TOTAL (A) =	\$ _____

<u>PERSONAL EXPENSES</u>	<u>Monthly Cost</u>
Medical / dental	\$ _____
Clothing	\$ _____
Entertainment	\$ _____
Eating out	\$ _____
Education	\$ _____
Subscriptions	\$ _____
Dues / memberships	\$ _____
Gifts / contributions	\$ _____
Travel	\$ _____
Other	\$ _____
TOTAL (B) =	\$ _____

<u>HOUSEHOLD FIXED EXPENSES</u>	<u>Monthly Cost</u>
Mortgage(s) / Rent	\$ _____
Home- Insurance <i>If not in mortgage</i>	\$ _____
Home- Property Taxes <i>If not in mortgage</i>	\$ _____
Car payment(s)	\$ _____
Car insurance	\$ _____
Credit cards (sum of all)	\$ _____
Student loan payment(s)	\$ _____
Other loan payment(s)	\$ _____
Childcare	\$ _____
Health insurance	\$ _____
Life insurance	\$ _____
Child support	\$ _____
Alimony	\$ _____
Federal/State taxes	\$ _____
Personal property taxes	\$ _____
Other taxes	\$ _____
Other	\$ _____
TOTAL (C) =	\$ _____

TOTAL ALL MONTHLY COSTS
(A) + (B) + (C) = \$ _____