

Central Wisconsin Community Action Council, Inc.

1000 Hwy 13
P.O. Box 430
Wisconsin Dells, WI 53965



PHONE: (608) 254-8353
FAX: (608) 254-4327

**MICRO BUSINESS
LOAN
APPLICATION**

**Self-Certification of Income
Micro Business Loan Program**

The information you provide on this form will only be used to determine if you meet the income guidelines to participate in this program. To qualify, your recent income must be at or below 80% of the County Median Income in the county of your primary residence.

Please complete the following information. All information you provide will remain confidential.

Section 1 – Personal Information			DATE:
NAME (BUSINESS OWNER)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	EMAIL ADDRESS		HOUSEHOLD SIZE

Section 2 – Business Information	
BUSINESS NAME	TYPE OF BUSINESS
BUSINESS STREET ADDRESS	
CITY/STATE/ZIP	COUNTY THE BUSINESS IS LOCATED IN

Section 3 - Client Certification of Income

I certify to the best of my knowledge that my household income for the **most recent full calendar month** is at or below 80% of the County Median Income (80% CMI) indicated in the highlighted box below.

Signature (Client)

Date

FOR STAFF USE ONLY: Complete the boxes below for the client's household size, county of residence, and the corresponding 80% CMI threshold. When assessing income eligibility, the client should count the gross income from all adult members of the household who worked during the previous month. When determining income from a business, the owner's salary is their monthly draw from the business.		
Client's Household Size	Client's County of Residence	Monthly 80% CMI for Household Size in this County
The client has confirmed the information via (please circle): (1) email/text (2) phone/zoom (3) in person		
Signature: Staff Member	Agency	Date



CENTRAL WISCONSIN COMMUNITY ACTION COUNCIL, INC.
PO BOX 430
WISCONSIN DELLS, WI 53965
(608) 254-8353

MICRO LOAN FINANCING APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Phone: () _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____

Business Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Website: _____

Business Structure: Sole Proprietorship: _____ LLC: _____ Partnership: _____ Corporation: _____

Date Incorporated: _____

Type of Business: Existing: _____ Start Up: _____

Social Security Number: _____ FEIN Number: _____

INFORMATION FOR STATISTICAL PURPOSES BUSINESS OWNERSHIP

<u>Gender Ownership</u>	<u>Veteran Status</u>	<u>Race/Ethnicity</u>
Female (100%) _____	Non-Veteran _____	Black _____ Non-Hispanic _____
Female (51%) _____	Veteran _____	White _____ Hispanic/Latino _____
Male (100%) _____		Pacific Islander/Native Hawaiian _____
Male (51%) _____		American Indian/Alaskan Native _____
Male/Female (50/50%) _____		Puerto Rican _____ Other _____

Amount Requested: \$ _____

Have you approached other funding sources? Yes No
If yes, list agencies/funding institutions:

INTRODUCTION

A. Proposed product(s) or services: _____
Product(s) type: _____

B. Type of Business _____ Sales _____ Service
 _____ Manufacturing _____ Contract
 _____ Subcontract

C. Ownership _____ Sole Proprietorship
 _____ Partnership (Type): _____
 _____ Corporation (Type): _____

D. Description of Product(s) or Service(s):

MARKETING

1. Describe your market area (city, county, state, etc.):

2. Assess the demand for your product or service:

3. Describe your pricing philosophy and policies:

ADMINISTRATION

1. Personnel. Described staffing. How many employees will you have?

2. Insurance. Do you have business owner's insurance? If so, what limits do you carry?

3. Do you have legal & other consultants, Lawyer, Accountant etc? List them.

DECLARATIONS

- 1. **Have** **Have not** personally, nor has our company, been involved in bankruptcy of insolvency proceedings. If have, provide details; use a separate sheet if necessary.
- 2. Company officers **have** **have not** been involved in bankruptcy or insolvency proceedings. If have, provide details; use a separate sheet if necessary.
- 3. **Have** **Have not** had any liens or judgments filed against our personal or business assets. If have, provide details and state whether satisfied and dates:
- 4. **Do** **Do not** have a 20 percent or more ownership in additional entities. If do, please list; use a separate sheet if necessary.
- 5. The undersigned has applied for a loan from CWCAC, Inc. dated _____ In the amount of \$_____.

6. Were you (the applicant) ever convicted of a felony? ____ If yes, would you care to explain:

7. Type of Business. If applicant is a corporation, identify all officers, directors, and principal shareholders, giving complete names and addresses for each:

8. If applicant is a partnership, give complete name and address of each partner:

9. Date business established: _____

ALL SUBMISSIONS MUST BE SIGNED AND DATED BY AUTHORIZED COMPANY REPRESENTATIVES

Name, Title (printed): _____ Date: _____

Signature: _____

Name, Title (printed): _____ Date: _____

Signature: _____

Micro Business Loan Fund Application Checklist

All of the following items must be received to process your loan request. Please be sure to provide complete information and attach any other exhibits you feel necessary for the Loan Review Committee to evaluate your application. (Please sign and date each exhibit). Please attach in the following order:

PROJECT / BUSINESS

- Documented Formal Business Plan-start up and existing.
- Copy of all Business Licenses & Certificates
- History and description of the business.
- Detailed description of project/business.
- Statement detailing exact uses of the loan proceeds & project costs.
- Resumes of the Principals involved in day to day management.
- Jobs Criteria and Relationship (current & projected for 2 years).
- Balance sheet and profit and loss statement for previous 3 years.
- A current balance sheet and operating statement for previous 3 years.
- Schedule of each loan business currently has outstanding, original date and amount, present balance, interest rate, monthly payment, maturity date, security pledged and status (current or delinquent).
- Schedule for debt financing planned for the next year beginning after the date of the current financial statement.
- If a franchise, copy of franchise agreement.
- Current personal financial statement of each owner with 20% or more ownership as well as personal credit reports.
- Resolution of Board of Directors, if Corporation, to borrow or Partnership.
- Articles of Incorporation or copy of Partnership Agreement, if applicable
- Articles of Organization with State of Wisconsin
- List of Competitors
- Project/Business federal tax returns for prior two years
- Dun and Bradstreet number, also known as DUNS Number
- Copy of lease agreement
- Copies of bids, estimates and quotes
- Commitment letter from bank lender outlining amount of participation, interest rates, terms, special conditions of their portion of loan and reason why they will not finance entire amount
- Identify source of applicant business required 10% cash or equity in project. If funds are borrowed, identify name and address of lender interest rate, term and collateral.
- Schedule of Assets (inventory and equipment), and Accounts Receivable and Payable
- Applicants requested loan amount, term requested, collateral offered as security.

PERSONAL

- Federal tax return for prior two years
- Personal financial statement
- Copy of driver's license
- Personal global cash flow statement
- Schedule of all Real Estate

USE OF FUNDS:

Construction	\$ _____	Describe: _____
Purchase of Building	\$ _____	Describe: _____
Machinery & Equip	\$ _____	Describe: _____
Working Capital	\$ _____	Describe: _____
Inventory	\$ _____	Describe: _____
FF&E	\$ _____	Describe: _____
Build Out	\$ _____	Describe: _____
Construction-Remod	\$ _____	Describe: _____
Other	\$ _____	Describe: _____
Total Project Cost	\$ _____	

Source of Funds

Bank Loans:	\$ _____
Bank Loans:	\$ _____
Other Private Sources:	\$ _____
Other Public Sources:	\$ _____
Grants:	\$ _____
Applicant Equity (Cash):	\$ _____
Other:	\$ _____
Total:	\$ _____

Briefly Describe your existing/start-up business:

Summary of Collateral Offered:

Real Estate:	\$ _____
Inventory (At Cost):	\$ _____
Equipment:	\$ _____
Accounts Receivable:	\$ _____
Other:	\$ _____
Total Collateral:	\$ _____

Do you have any liens on any assets? Yes No

If yes explain:

How did you hear about CWCAC's Financing program?

PERSONAL FINANCIAL STATEMENT

As of _____, 2021

Complete this form if 1) a sole proprietorship by the proprietor; 2) a partnership by each partner; 3) a corporation by each officer and each stakeholder with 20% or more ownership; 4) any other person or entity providing a guaranty on the loan.

Last Name: _____ First Name: _____ Middle Int. _____

Married: Yes No Spouse's Name: _____ Spouse must also sign form

Email: _____

Residence Address: _____

Business Name of Applicant/Borrower: _____

Business Phone: _____ Residence Phone: _____

Assets	Omit Cents	Liabilities	Omit Cents
Cash on hand & in banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes payable to bank/others (describe in section 2)	\$
IRA/401K	\$	Installment Auto	\$
Accounts Receivable (describe in section 6)	\$	Installment Other	\$
Life Insurance cash value	\$	Loans on Life Insurance	\$
Stocks & Bonds (describe in section 3)	\$	Mortgages on Real Estate (describe in section 4)	\$
Real Estate (describe in section 4)	\$	Unpaid Taxes (describe in section 7)	\$
Automobile-present value	\$	Other Liabilities (Describe in section 8)	\$
Other Personal Property (describe in section 5)	\$	Total Liabilities	\$
Other Assets (describe in section 6)	\$	Net Worth (assets – liabilities)	\$
Total Assets	\$	Total Liabilities + Net Worth	\$

SECTION 5. Other Personal Property

Describe, and if any is mortgaged, state name and address of mortgage holder and amount of mortgage, terms of payment, and if delinquent, describe delinquency

SECTION 6. Other Assets, Notes and Accounts Receivable

Describe

SECTION 7. Unpaid Taxes

Describe in detail, as to type, to whom payable, when due, amount, and what, if any, property the tax lien attaches

SECTION 8. Other Liabilities

Describe in detail

SECTION 9. Life Insurance Held

Give face amount of policies, name of company and beneficiaries

USE SUPPLEMENTAL SHEETS AS NECESSARY. Each sheet must be identified as a supplement to this statement and signed.

Lender is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to determine my/our creditworthiness. (I) or (We) certify the above and the statements contained in the schedules herein are a true and accurate statement of (my) or (our) financial condition as of the date stated herein.

Signature

Date

Signature (spouse)

Date

Social Security #

Social Security #

In accordance with federal law and U.S. Department of the Treasury policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.



REQUEST FOR CREDIT HISTORY

REQUESTOR:

CWAC, Inc.
PO Box
Wisconsin Dells, WI
Phone: 608-254-8353
Fax: 715-736-7005

Please furnish a credit report on the following person(s) for the reason stated below:

Applicant:

Name: _____
Address: _____
City, State, Zip: _____
Social Security #: _____
Date of Birth: _____

Co-Applicant or Co-Guarantor:

Name: _____
Address: _____
City, State, Zip: _____
Social Security #: _____
Date of Birth: _____

Reason for Request: _____

If this request is for Rental, the address of the property MUST be furnished:

Address City State Zip

TO BE COMPLETED BY APPLICANT(S)

Permission to release information:

I authorize the credit bureau, and Dun and Bradstreet to release a copy of my credit report to the requestor listed above. A copy of this authorization may be accepted as an original. I further authorize CWAC, Inc to release/obtain information about myself, my spouse and or secondary applicant in regard to: Personal information pertaining to business development, Financial Wage Data, Information to my new business.

Further, if the lender reasonably believes a material adverse event has occurred with respect to the Borrower or the Collateral, then the lender may conduct credit bureau, Dun and Bradstreet, and other searches and due diligence on the Borrower and any Guarantors, at the Borrower's expense.

Applicant Signature

Date

Co-Applicant or Co-Guarantor Signature

Date

STATEMENT OF PERSONAL HISTORY

Name and Address of Applicant (Firm Name) (Street, City, State, and ZIP Code)	Amount Applied for	
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> First Middle Last </div>	2. Give the percentage of ownership or stock owned or to be owned in the small business of the development company	SSN:
	3. Date of Birth (Month, day, and year)	
	4. Place of Birth: (City & State or Foreign County)	
	5. U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a Lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non-U.S. citizen provide alien registration number: _____	
Name and Address of participating lender or surety co. (when applicable and known)		
6. Present residence address: From: To: Address: Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):	Most recent prior address (omit if over 10 years ago): From: To: Address:	
<p>IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.</p> <p>IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES, OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.</p>		
7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Have you <u>ever</u> been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on attached sheet) <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Have you <u>ever</u> been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Have you ever worked with CWCAC Services Program before? If so which program and when?		
11. How many total persons (including children & yourself) live in your household?		
12. Is your family receiving any of the following: Badger Care, Child Care Subsidy, Food Stamps, Medical Assistance?		

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PHONE: (608) 254-8353
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Kelly@cwcac.org

AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

(In order for you to be considered for this program, it will be necessary for you to sign a release of information form. The reason for this is to verify residency, citizenship, employment status, income and any other sources of income or assistance.)

I authorize any federal, state or local agency, organization, business, or individual to release to Central WI Community Action Council, Inc. information needed to complete and verify my application for participation and/or to maintain my continued assistance in CWCAC's Job Business Development (JBD) Loan program. I understand and agree that this Authorization for the information obtained may be given to and used in administering and enforcing rules and policies.

NAME: _____ D.O.B.: _____

SOCIAL SECURITY NUMBER: _____

AGENCY DESIGNATED TO RELEASE/EXCHANGE INFORMATION: **For Office Use**

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

I understand that I have the right to inspect and receive a copy of the material disclosed and a copy of this consent form. I also understand this consent form is revocable, however, information may be released before receipt of written notice of revocation.

Participant Signature

Date

CWCAC, Inc. MBDL Mgr. Signature

Date

This consent for Release of Information will expire upon: (specify date, event or condition when it will expire)
