



Micro Business Loan Application

Date: _____

Name of Business: _____

Owner(s): Name: _____

Phone Number: _____ Cell Number: _____

Address: _____

Social Security Number: _____

Birth Date: _____

Business Income: _____ Other Monthly Income: _____

Monthly Rent/Mortgage: _____

Requested Loan Amount: _____

Due Date Requested: _____

I authorize CLW to obtain credit reports and verify any information in connection with this loan application and for any updates, renewal or extension of the credit received. I further authorize CLW to request any documents necessary to complete this transaction.

Signature(s): _____ Date: _____

*For additional information needed please see page 2

CLW use only

Approved / Denied

Loan Officer _____ Date _____



Additional Information

Income: Please include a copy if applicable of:

- Most current tax returns or W2
- Sales journal to show business activity for current year (Include prior year if taxes are not available)
- Current 30 day pay stub
- Current bank statements (Business)
- Current Profit & Loss Statement (if applicable)
- Sales agreement for any equipment or autos to be purchased.

References':

- Provide name and contact information for two references.

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: _____

Phone: _____



The following information is used for grant purposes only and will have no bearing on your credit application. If you prefer to not provide this information, please check this box

Total Number of people in your household?		Which Gender do you identify with? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Family Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Male head of household <input type="checkbox"/> Female head of household		Do you identify as LGBTQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select both Ethnicity and Race: (select as many as apply)		Ethnicity: (select one)	
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and white <input type="checkbox"/> Black or African American and white <input type="checkbox"/> Other multiple races	
Are you a U.S. Citizen?	Are you a permanent resident?	Are you a U.S. veteran?	
How did you hear about us? <input type="checkbox"/> Event/Expo <input type="checkbox"/> Professional Referral _____ <input type="checkbox"/> NEDCO/Sprout! <input type="checkbox"/> Referred by family/friend _____ <input type="checkbox"/> Other _____			