



LOAN PRE-APPLICATION & CREDIT REPORT REQUEST FORM

PERSONAL INFORMATION

Name of Applicant (First, Middle, Last): _____

Street Address: _____

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

Social Security or Individual Taxpayer Identification Number: _____

Date of Birth (MM/DD/YYYY): _____

Phone Numbers: Primary: _____ Secondary: _____

Driver's License Number: _____ Email Address: _____

Is there a co-applicant?* Yes No Co-applicant's Name: _____

Note: Anyone with 20% or more ownership **MUST be a co-applicant. Co-applicants must fill out & submit a separate pre-application.*

BUSINESS INFORMATION

Business Name: _____

Business Description: _____

Is your business a start up? Yes No

If your business is not a start up, please answer the following four questions:

(i) What is the date of your first significant sale? (MM/DD/YYYY): _____

(ii) What are your average monthly sales? _____

(iii) How much do you take home from the business each month? _____

(iv) How much monthly profit does the business have after you pay yourself? _____

What is the amount of money you need for your project? _____

What are you planning on using the loan for? _____

Are you working with a business counselor? Yes No If so, who? _____

FINANCIAL INFORMATION

What is your household size? Adults _____ Children _____

What are your total household expenses monthly? _____

Do you have any income from outside the business? Yes No

If so, how much each month? _____ What is the source? _____

Have you ever filed bankruptcy **or** do you currently have property in foreclosure? Yes No

If you answered yes, please explain: _____

Do you have any unpaid student loans, federal or state taxes, liens or judgments? Yes No

If you answered yes, please explain: _____

Do you have any collateral you are able to pledge? Yes No

If so, what is it? _____

What do you estimate your collateral is worth? _____

What is this estimate based on? _____

How did you hear about us? _____

What is the best time to reach you? _____

What is the best method to contact you (e.g. telephone, email)? _____

DEMOGRAPHIC INFORMATION

The following information is used for program reporting and statistical monitoring. Your response to these questions will not affect consideration of your application.

Gender: Male Female Other **Marital Status:** Single Married Widowed Divorced

Race: African American Native American Asian Hispanic

Pacific Islander White Other (Please Specify): _____

Ethnicity: Hispanic Non-Hispanic

Veteran of the U.S. military: Yes No

The undersigned hereby authorizes the Rural Economic Development Center or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary –including business counselors, consultants and partnering agencies—to verify the accuracy of the information provided herein and to determine credit worthiness. Further, the undersigned hereby certifies that the enclosed application information is valid, accurate and complete. A photographic or facsimile copy of this authorization may be deemed to be equivalent of the original.

Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

Submit by email, fax, or mail to:

JaLisha Richmond

Email: jrichmond@ncruralcenter.org

Fax: 919.250.4325

N.C. Rural Economic Development Center
4021 Cary Drive Raleigh, NC 27610

Questions? Call JaLisha Richmond at 919.250.4314