

WESTERN MASSACHUSETTS ENTERPRISE FUND, INC. BUSINESS OR NOT-FOR-PROFIT LOAN APPLICATION

Please complete the following information and submit along with the required additional documents

Business Name		Owner/Principal Name (1)		Title	Ownership %
Street Address		Owner/Principal Name (2)		Title	Ownership %
Mailing Address		Owner/Principal Name (3)		Title	Ownership %
City		Business Phone #		TAX ID#	
State	Zip	Business Fax #		Website	Email
Legal Status: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation		State of Legal Formation	Business Formation Date:		For Profit: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Business in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business SOWMBA Certified <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Business Activity					
Loan Amount Requested	\$	Date funds Needed: / /	Total Project Cost or Financing Need	\$	
How did you hear of or learn about WMEF?					
Have you applied to a Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: Lender Name:		Have you been declined by a Bank : <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for decline (attach evidence if possible):		
Use of Funds	Equipment	\$	<i>Describe or attach invoices</i>		
	Inventory	\$	<i>Describe or attach invoices</i>		
	Leasehold Improvements	\$	<i>Describe, attach quotes as appropriate</i>		
	Working Capital	\$	<i>Describe</i>		
	Other	\$	<i>Describe</i>		
Describe what funds will be used for:					
Loan Collateral	Business Assets	<i>Description</i>		\$	
				\$	
	Personal Assets			\$	
				\$	
How will this loan improve your business?					
Employment	Number of Current Employees		# Full Time	# Part Time	
	Expected New Hires (0-12 Months)		# Full Time	# Part Time	
	Expected New Hires (13-24 Months)		# Full Time	# Part Time	
	Will this loan allow you to retain employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated # of jobs retained	

Insurance Agent	Name: Firm: Phone Number:	Do you have business insurance in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Firm: Phone Number:	Do you have an Accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Firm Phone Number:		
Bank Name		Account Number			
Bank Contact	Name: Phone Number:	Current Account Balance	\$		
Does Business have any existing bank debt? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Existing Bank Debt	Bank Name	Loan Number	Original Loan	Current Balance	Monthly Payment
Are all business liabilities current (including sales, payroll, rent, taxes, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain delinquent items and status:			
Business Location	Do you have a separate business location? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you operate from your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your location is leased <i>Please attach copy of Lease</i>	Landlord Name		Landlord Phone		
	Lease Expiration		Monthly Lease Payment	\$	
	Does lease include Utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Lease assess CAM charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you own your location	Name(s) on the Deed		Date Purchased	/ /	
	Purchase Price	\$	Mortgage Balance	\$	
	Monthly Mortgage Payment	\$	Annual Real Estate Taxes	\$	
	Mortgage Maturity	/ /	Interest Rate		

The undersigned representative of the Business/Not-for-Profit Applicant, affirms that he/she is providing this information to support its financing request. The undersigned understands that WMEF is relying on this information for the financing request, and hereby represents that this information is true, correct and complete. The undersigned will provide notice of any material adverse change in his/her financial condition including in his/her ability to perform under his/her obligations to WMEF. The undersigned authorizes WMEF to answer questions and/or provide credit information to credit reporting agencies and other parties.

Date

Signature

Title

IMPORTANT INFORMATION ABOUT YOUR RIGHTS

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Western Massachusetts Enterprise Fund by telephoning (413) 420-0183 or writing to Loan Administrator, Western Massachusetts Enterprise Fund, Inc., 4 Open Square Way, Suite 407, Holyoke, MA 01040 within 60 days from the date you are notified of the declination. We will send you a written statement of reasons for denial within 30 days after receiving a request for the statement.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or 202-720-6382 (TDD).

Notice: The Federal Equal Credit Opportunity Act and comparable provisions of Massachusetts law prohibit creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, sexual orientation, ancestry, handicap, marital status, age (provided that the applicant has the capacity to enter into a binding contract), or because all or part of the applicant's income derives from any public assistance program. The Federal Equal Credit Opportunity Act also prohibits creditors from discriminating against credit applicants because the applicant has in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation. Its address is Regional Director, FDIC, 1350 Main Street, Suite 1100 Springfield, MA 01103. The state agency that administers compliance with the state law is the Massachusetts Commission Against Discrimination, One Ashburton Place, Boston, MA 02108.

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PERSONAL FINANCIAL INFORMATION

Personal Financial Statement for:				<input type="checkbox"/> Borrower		<input type="checkbox"/> Co Borrower/Guarantor		<input type="checkbox"/> Owner	
Name		SSN		Date of Birth					
Home Phone		Personal Email							
Current Home Address		City		State		Zip			
Previous Home Address		City		State		Zip			
Years at Current Address:				Years at Previous Address:					
Are you receiving any Public Assistance?				<input type="checkbox"/> Welfare		<input type="checkbox"/> Food Stamps			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> WIC		<input type="checkbox"/> Social Security Income			
Veteran Status		<input type="checkbox"/> Non Veteran		<input type="checkbox"/> Vietnam-era Veteran		<input type="checkbox"/> Other Veteran			
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, what is your residency status?					
<p>The following Gender and Ethnicity information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.</p>									
Gender		Ethnicity							
<input type="checkbox"/> Male		<input type="checkbox"/> White		<input type="checkbox"/> Black or African American		<input type="checkbox"/> American Indian or Native Alaskan			
<input type="checkbox"/> Female		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Native Hawaiian or Pacific Island		<input type="checkbox"/> I do not wish to provide this information			

Annual Income	Amount (\$)	Annual Expenses	Amount (\$)
Salary/Wages		Federal Income Tax	
Interest Income		State Income Tax	
Dividend/Investment Income		Residential Mortgage or Rent Payment	
Other Business Income		Residential Property Taxes	
Other Income		Home/Auto Insurance	
Alimony/Child Support		Medical Insurance	
Rental Income		Alimony/Child Support	
Pension Income		Medical Expenses	
		Credit Card Payments	
		Auto Loan Payments	
		Other Loan Payments	
		Utilities	
Total Annual Income		Total Annual Expenses	

Assets	Current Value (\$)	Liabilities	Current Balance (\$)
Cash/Checking/Savings		Credit Card Balances	
Certificates of Deposit		Auto Loans	
Investment Accounts		Mortgage Loan	
Retirement Accounts		Property Taxes Payable	
Cash Value Life Insurance		State/Federal Income Taxes Payable	
Residential Real Estate		Bills Payable	
Other Real Estate		Life Insurance Loans	
Autos		401k Account Loans	
Other Assets (detail on next page)		Student Loans	
		Other Loans	
Total Assets		Total Liabilities	

(Total Assets minus Total Liabilities) **Net Worth:**

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PERSONAL FINANCIAL INFORMATION – continued

Contingent Liabilities		Yes	No	Amount				
Are you a guarantor or co-signer on any other loans?								
Are there any lawsuits or legal actions against you?								
Are your personal taxes past due?								
Are your real estate taxes past due?								
Do you have past due loans?								
Have you ever filed personal bankruptcy?				N/A				
Have you ever been convicted of a felony?				N/A				
Do you have health insurance?				N/A				
Do you have life insurance?								
Do you have a will?				N/A				
Do you Own or Rent your home? [] Yes [] No		Do you live with relatives? [] Yes [] No						
How many people in your household?		Relationship to you:						
If you rent your residence:								
Name of Your Landlord	Landlord Phone	Monthly Rent	Name(s) on Lease	Lease Expiration				
Utilities Included	[] Heat [] Gas/Electric [] Water							
Is the rent current? [] Yes [] No		If no, how many months are owed:		Amount past due: \$				
If you own your residence:								
Residence Address	Name of Owners (list all)	Year Purchased	Purchase Price	Number of Units	# of Tenants/ Rental Income			
First Mortgage	Original Loan Amount	Current Loan Balance	Interest Rate	Issue Date	Maturity Date	Monthly Payment		
Lender								
Does loan re-price? [] Yes [] No		If yes, when?		How is new rate calculated?				
Is loan current? [] Yes [] No		If no, how many months are owed?		Are real estate taxes current? [] Yes [] No		Are there any other liens on the house? [] Yes [] No		
Second Mortgage								
Lender	Line of Credit or Term Loan?	Original Amount	Current Balance	Monthly Payment	Interest Rate	Issue Date	Maturity Date	
Bank Accounts								
Bank Name	Account Number	Account Balance	Checking or Savings		Joint Account Holders			
Other Personal Assets (detail from prior page)								
Asset	Value		Co-Owners					
Loans/Credit Cards	Line/Loan Amount	Current Balance	Interest Rate	Monthly Payment	Issue Date	Maturity Date	Collateral	Co-Borrower
Lender								

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Date

Signature