



LOAN APPLICATION

P.O. BOX 1138, HUNTSVILLE, AR 72740

OFFICE: 479.738.1585

FAX: 479.738.6288

FORGE@forgefund.org

Please take your time filling out this application. If you need help, please contact FORGE and a staff member will be available to help you.

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The Federal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income is derived from any public assistance program, or because the applicant has exercised in good faith any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the U.S. Small Business Administration, Washington, D.C., 20416.

Qualified individuals with disabilities are entitled to receive accommodations to enable them to benefit from our programs and services. To make such arrangements, contact a FORGE staff member by calling 479.738.1585 or email FORGE@forgefund.org. The FORGE office is located at 4415 U.S. Hwy 412B, Huntsville, AR 72740. The FORGE office is handicap accessible.

PERSONAL INFORMATION

BORROWER INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

OWN OR RENT: _____ HOW LONG: _____ YRS. _____ MON.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____ EMAIL: _____

INCOME SOURCE: _____ AMOUNT: _____ (WEEK/MONTH/YEAR)?

CITIZEN: YES NO U.S. RESIDENT: YES NO

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Not Disclosed
Race	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Not Disclosed
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Disclosed	
Veteran	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Veteran	<input type="checkbox"/> Service-Disabled Veteran	<input type="checkbox"/> Not Disclosed
	<i>This data is collected for program reporting purposes only. Disclosure is voluntary and will have no bearing on the credit decision.</i>			

CO-APPLICANT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____
(Address) (City) (State) (Zip Code)

OWN OR RENT: _____ HOW LONG: _____ YRS. _____ MON.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____ EMAIL: _____

INCOME SOURCE: _____ AMOUNT: _____ (WEEK/MONTH/YEAR)?

CITIZEN: YES NO U.S. RESIDENT: YES NO

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Not Disclosed
Race	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Not Disclosed
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Disclosed	
Veteran	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Veteran	<input type="checkbox"/> Service-Disabled Veteran	<input type="checkbox"/> Not Disclosed
	<i>This data is collected for program reporting purposes only. Disclosure is voluntary and will have no bearing on the credit decision.</i>			

BUSINESS INFORMATION

FEDERAL TAX ID #: _____ DUNN & BRAD #: _____

LEGAL NAME OF BUSINESS: _____

LEGAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

BUSINESS PHONE #: _____ BUSINESS FAX #: _____

BUSINESS WEBSITE: _____ EMAIL: _____

DATE BUSINESS FOUNDED: _____

LEGAL FORM: Sole Proprietorship Partnership S-Corporation
 C-Corporation Nonprofit LLC
 DBA Other – Specify: _____

AVERAGE MONTHLY EXPENSES: \$_____ AVERAGE MONTHLY REVENUE: \$_____

GROSS REVENUE LAST YEAR: \$_____ NET REVENUE LAST YEAR: \$_____

DOES YOUR BUSINESS HAVE A PHYSICAL LOCATION? YES NO

PHYSICAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

ARE YOU CURRENT ON BUSINESS RENT/MORTGAGE? YES NO

ARE YOU CURRENT ON ALL PAYROLL, INCOME OR SALES TAX? YES NO

DO YOU HAVE A BUSINESS BANK ACCOUNT? YES NO

DO YOU FILE FEDERAL/STATE BUSINESS TAX RETURNS? YES NO

NUMBER OF CURRENT EMPLOYEES: _____ FULL-TIME _____ PART-TIME

NUMBER OF JOBS LOAN WILL CREATE: _____ FULL-TIME _____ PART-TIME

HOW DID YOU HEAR ABOUT FORGE? _____

REFERRED BY: NAME _____ ORGANIZATION: _____

ANY OTHER RELEVANT BUSINESS INFORMATION:

FINANCIAL STATEMENT

<u>Assets</u>		<u>Liabilities</u>		
	Value		Monthly Payment	Balance
Cash		Mortgages		
Checking Account Balance				
Savings Account Balance				
Primary Residence		Loans		
Other Real Estate				
Marketable Securities				
Retirement Plans				
Cash Value Of Life Insurance				
Other Investments		Credit Cards		
Vehicles				
Other Assets		Student Loans		
Business Assets		Other Liabilities		
Total Assets:		Total Liabilities:		
Net Worth (Total Assets minus Total Liabilities):				

Detailed Real Estate Information						
Address of Property	Type of Property	Present Market Value	Mortgage Holder	Gross Rental Income	Monthly Payment	Current Mortgage Balance

BUSINESS PLAN

MISSION AND GOALS – Describe the products and goals for this business:

KEYS TO SUCCESS – Describe what is needed, or what must happen, for you to succeed:

RESOURCES, FACILITIES & EQUIPMENT – List the land, equipment and resources available to you:

MANAGEMENT – List the management team and their experience running this type of business:

MARKETING PLAN – Describe the strategy and details for marketing your business:

AUTHORIZATION

I certify that the information above is true and accurate as of the stated date(s), the purpose of which is either to obtain or guarantee a loan. I understand that this application may serve as the first step in a process and that FORGE, Inc. may request supporting documentation to verify the information provided. I authorize FORGE, Inc. to make such inquiries as necessary to verify the accuracy of the statements made to determine my credit worthiness. As part of this process, I authorize FORGE, Inc. to perform a credit check, including consumer and/or commercial credit reports, as authorized by law, including retrieving my personal credit report. I understand that false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). Intentional falsification of information, statements or values for any purpose including, but not limited to, the purpose of obtaining a loan from FORGE, Inc., may lead to disqualification of the applicant and possible criminal prosecution.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Co-Applicant Name: _____

Co-Applicant Signature: _____

Date: _____