



33109 Schoolcraft Rd.
Livonia, MI 48150
734 677-1400
CEEDLending.org

Small Business Loan Application

General Information

Date of Application _____

Amount Requested \$ _____

How did you hear about CEED Lending? _____

Business Name _____

Business Address _____

City/State/Zip _____

Phone _____ Fax _____ Employer ID number _____

Email _____ Website _____

Landlord Name _____ Phone _____

Address _____

City/State/Zip _____

Key Personnel

Name _____ Percent Ownership or Title _____

Name _____ Percent Ownership or Title _____

Name _____ Percent Ownership or Title _____

1. Description of Business:

2. **Business is:** New (under 1 year) Existing. If existing, date of establishment _____

Type of organization:

Sole proprietorship Partnership Corporation Other _____

Number of employees:

Loan will create _____ full time and _____ part time jobs.

Loan will retain _____ full time and _____ part time jobs.

3. **Has any owner filed bankruptcy or been sued in the last seven years?**

Yes No If yes, please explain on a separate sheet.

4. **Projected use of loan funds - Detailed use of funds required in business plan.**

Working Capital	\$	_____
Machinery	\$	_____
Equipment	\$	_____
Furnishings	\$	_____
Inventory	\$	_____
Other	\$	_____ for _____
TOTAL	\$	_____

5. **Have you ever applied for a loan for your business? Have you been turned away? If so, please tell us of the financial institution(s) if your request was more than \$20,000.**

Yes No

Name of Institution _____

6. **Are you presently under indictment, on parole, or on probation?** Yes No

7. **Have you ever been disbarred from the Federal Government?** Yes No

8. **Would you be able to provide a co-signer if needed?** Yes No

If yes, print name of co-signer: _____

- Co-signer must:
1. sign credit release
 2. complete personal financial statement
 3. provide current income tax returns, complete with all schedules

Personal Information

Applicant's Name _____
Current Address From (m/d/yr) _____ to Present
Street Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Email _____
If Rental, Landlord Name: _____ Phone _____
Street Address _____
City/State/Zip _____

Previous Address From (m/d/yr) _____ to (m/d/yr) _____
Street Address _____
City/State/Zip _____
If Rental, Landlord Name: _____ Phone _____
Street Address _____
City/State/Zip _____

Current Employment: From (m/d/yr) _____ to Present
Employer _____ Title/position _____
Street Address _____
City/State/Zip _____ Phone _____
Supervisor: _____ Email _____

Previous Employment: From (m/d/yr) _____ to (m/d/yr) _____
Employer _____ Title/position _____
Street Address _____
City/State/Zip _____ Phone _____
Supervisor: _____ Email _____

Closest Relative not living with you:
Name: _____ Relationship _____
Street Address _____
City/State/Zip _____ Phone _____

CREDIT RELEASE FORM

I/We certify that all the information contained in the attached application is true and includes a complete representation of all material facts as of this date. In addition, I/we give permission to **CEED Lending** to request and receive information required to verify employment, mortgages, deed of trust, savings accounts, credit accounts, and all other information necessary to complete the application for this loan, including but not limited to, maintenance of account.

Applicant Signature

Co-Applicant Signature

Applicant Name

Co-Applicant Name

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Street Address

Street Address

City, State, and Zip Code

City, State, and Zip Code

Telephone Number

Telephone Number

Driver License Number

Driver License Number



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable.....	\$	_____
Savings Accounts.....	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable.....	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only.....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate.....	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities.....	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities.....	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary..... \$ _____	As Endorser or Co-Maker
Net Investment Income..... \$ _____	Legal Claims & Judgments.....
Real Estate Income	Provision for Federal Income Tax.....
Other Income (Describe below)*	Other Special Debt.....

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.	(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)		
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

LOAN APPLICATION CHECKLIST

Please include the following information with your loan application package

For a business in operation for **more than one (1) year**, where applicable:

1. Completed Loan Application
2. Nonrefundable application fee of \$75.00
3. Expansion plan **
4. If requesting more than \$20,000 denial letters from the lender **are no longer required**, but we will ask you to tell us who turned you down for financing.
5. Detailed use of loan proceeds included in the expansion/business plan
6. Last two years of personal and business tax returns of applicant, complete with all schedules (signed)
7. Interim business financial statements-less than 90 days old
8. Two years of financial projections
9. Personal resume
10. Certificate of Insurance – or quote
11. Lease Agreement – should not need to be executed
12. DBA, Articles of Incorporation, and/or partnership agreement, LLC, Bylaws, operating agreement
13. Two signed letters of reference
14. Description of present or pending lawsuit(s), or bankruptcy
15. Franchise agreement (if applicable)
16. Additional information that will enhance loan proposal
17. Personal Financial Statement (attached)
18. Copies of last three months personal and business bank statements
19. Last three months paystubs

For a New Business - defined as less than one (1) year of operation:

**** provide a business plan instead of an expansion plan. ****