

## **Application Checklist**

#### **Dear Self-Help Applicant:**

Thank you for applying for a Commercial loan at Self-Help. The checklist below lists the documents we need to begin processing your loan request. Some of the documents relate to the Loan request specifically, some relate to your Business, and some to associated Individuals.

Loan	Comments
Combined Loan Application:     Loan Application     Business Notes Payable     Disclosure Form	Self-Help templates (enclosed): Completed & Signed
Operating Cash Flow Projections	
Bios/Resumes of Key Individuals	
Project Budget	
<b>Business Relationship</b>	
Business Tax Return – most recent year	
Business Tax Return - previous year	
Business Tax Return - 2nd previous year	
Financial Statements – most recent year	
Financial Statements - previous year	
Financial Statements - 2nd previous year	
Individual Relationship(s)	Unless waived, for each Owner & Guarantor
Personal Financial Statement	
Individual Tax Return – most recent year	
Individual Tax Return - previous year	
Individual Tax Return - 2nd previous year	

We will provide templates for some of the items above, for you to fill out and return. For other documents, please share with us your own documents. We look forward to working with you.

Once we receive these documents, we can assess your request and assist you as quickly as possible. Please contact us with any questions you may have.



## **Commercial Loan Application**

BASIC INFORMATIO	N Please	tell us ab	out your b	ousines	s or c	organiza	tior	۱.	
Business or Organization Name						٧	Who referred you to us?		
Street Address						С	City		
State Zip Code			County			F	Federal Tax ID # (if incorp.)		
Type of Business			Date Start	ed		T	oday	y's Date	
Legal Structure (please	☐ S(	Corporation		Nonprofi					d Liability Corporation
Legal Partnership	Sol	e Proprietors		Are you					al structure? Yes No
Contact Person		Business P	none ( )		Но	Home Phone (		)	E-mail
Briefly describe your business or organization & what you plan to do with this loan:  PROJECT INFORMATION Please tell us about your project and/or start-up budget.									
	Uses of F	unds				Sources of Funds			
Land and/or Building Pu	rchase	\$							
New Building Constructi	New Building Construction \$			Loa	Loan Requested \$				
Building Improvements									
Machinery and Equipme	ent	\$			Ow	Owner's Investment \$			
Inventory		\$							
Working Capital		\$			Otl	Other Funding Sources (specify) \$			
Other		\$				, , , , , , , , , , , , , , , , , , ,			
Other		\$							
Total Project Uses	\$			Totals si equal	hould	Total Pr	ojec	t Sources	\$
COLLATERAL Please tell us about the assets available to secure this loan.									
Asset		Value of Asset		Loans on Ass		t	Address of Asset		
Property 1		\$		\$					
Property 2		\$		\$					
Inventory & Equipment		\$		\$					
Accounts Receivables		\$		\$					
Other (please specify):									

Revised 7.10

# MANAGEMENT INFORMATION AND ACKNOWLEDGEMENTS Please read the following and complete the information below Other Possible Co-Signers on the Loan: The undersigned bereby certifies that the information contained in this application and related materials is true and

The undersigned hereby certifies that the information contained in this application and related materials is true and correct. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business or organizational purposes only and will not be used for personal or consumer purposes. The undersigned hereby affirms that he or she does not discriminate on the basis of race, color, religion, national origin, gender, marital status, or age. The undersigned hereby acknowledges that (1) no loan officer has authority to commit Self-Help to any loan without prior approval by Self-Help's credit committee and (2) any loan commitment must be in writing and signed by an authorized representative of Self-Help. Self-Help is authorized to make all inquiries Self-Help deems necessary to verify the accuracy of this statement and to determine the creditworthiness of the business or organization. The undersigned also authorizes Self-Help to answer questions and inquiries from others seeking credit experience information about the business or organization.

### Please provide this information for the Executive Director, Treasurer and/or Board Chairperson.

Name (print)	Name (print)	Name (print)		
Address	Address	Address		
SSN or TIN/	SSN or TIN//	SSN or TIN//		
Date of Birth	Date of Birth	Date of Birth		
% Ownership	% Ownership	% Ownership		
Title/Function	Title/Function	Title/Function		
Signature	Signature	Signature		
Date	Date	Date		

Please send this application form and the required attachments to the Self-Help office nearest you, as listed below. We suggest that you keep a copy of the materials you are sending to Self-Help, since we will not be able to return them to you.

IMPORTANT: Please refer to the enclosed checklist. Complete all necessary forms and attach additional items listed on the checklist. Your application CANNOT be processed without inclusion of ALL required materials. If you have any questions about your application, please call a Self-Help office.

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# **Business Notes Payable Schedule**

or Organization Name				Date				
etions: Please include on this schedule all existing notes and long-term leases of your business or organization, including mortgages, revolverrangements, factoring agreements, equipment leases and any other type of debt, secured or unsecured.								
Creditor	Original Amount	Original Date	Balance Due	Monthly Payment	Maturity Date	Interest Rate	Collatera	



### DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

The undersigned Applicant hereby acknowledges that he/she is aware that under the provisions of the Equal Credit Opportunity Act, he/she has the right to receive a written statement of the specific reason(s) for the denial if this application for credit is denied. To obtain the statement, please contact Self-Help within sixty (60) days from the date of notification of the credit denial.

Self-Help Commercial Loan Department 301 West Main Street PO Box 3619 Durham, North Carolina 27702

Self-Help will send the Applicant a written statement of the reason(s) for the denial within thirty (30) days of receiving the request for the statement.

Applicant Signature							
Date							

Please sign above and return a copy of this form to us with your application materials.

Retain a copy for your files.