



## Microenterprise Checklist

<b>Last 3 years tax returns</b>	
<b>Last 2 months pay-stubs (n/a if self-employed)</b>	
<b>Last 6 months bank statements for checking 1 month for savings for each account</b>	
<b>Authorization to pull credit</b>	
<b>Credit concerns</b>	
<b>Business Plan*</b>	
<b>Financial projections*</b>	
<b>Projected Profit and Loss statement</b>	
<b>Sources and Uses (bids)</b>	
<b>Dun and Bradstreet number (Please call 866-705-5711 to establish one**)</b>	
<b>Application form</b>	
<b>Personal Financial statement form</b>	
<b>Business Financial statement form (n/a if start-up)</b>	
<b>Monthly Personal Budget form</b>	
<b>Personal History / Resume form</b>	
<b>Copy of business license</b>	
<b>Copy of fictitious business license</b>	
<b>Applicable certificates achieved for business and personal</b>	
<b>4506-T</b>	

\*Business counselor will work with applicant to complete

\*\*Fees may apply or visit <http://smallbusiness.dnb.com/> for more information



# City of Lindsay Microenterprise Technical Assistance & Loan Program

## Loan Application



**Date:** \_\_\_\_\_  **New Client**  **Previous Client**  
**Applicant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Spouse Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Address Verification:**  **Bill**  **Mailed Letter**  **Check Stub**  **Other:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Services Requested:**  **Counseling**  **Financing**  **Workshop**  **Other:** \_\_\_\_\_  
**Household Size (#):** \_\_\_\_\_ **people** **Annual Family Income: \$** \_\_\_\_\_

	Dependent Name	Relationship	SSN	Date of Birth	Employed (Yes of No)
1					
2					
3					
4					
5					
6					
7					

### BUSINESS INFORMATION

**Current Business Owner:**  **Yes** (answer questions below)  **No** (skip questions below)  
**Business Name:** \_\_\_\_\_  
**Federal I.D. #:** \_\_\_\_\_ **Date Business Established:** \_\_\_\_\_ **DUNS #** \_\_\_\_\_  
**Current # of Employees:** \_\_\_\_\_ **Full-Time (>1750 hours)** \_\_\_\_\_ **Part-Time (<1750 hours)** \_\_\_\_\_



# City of Lindsay Microenterprise Technical Assistance & Loan Program

## Loan Application



**Projected # of Jobs Created:** \_\_\_\_\_ **Full-Time (>1750 hours)** \_\_\_\_\_ **Part-Time(<1750 hours)** \_\_\_\_\_

**Projected # of Jobs Retained:** \_\_\_\_\_ **Full-Time (>1750 hours)** \_\_\_\_\_ **Part-Time(<1750 hours)** \_\_\_\_\_

**Business Stage:**  Pre-Venture     Start Up (< 1 year)     Business Acquisition     Existing

**Home-based Business:**  Yes     No

**Industry:**

- Construction
- Manufacturer/Producer
- Research/Development
- Retail
- Service
- Wholesale

**Business Type:**

- Sole Proprietor
- Partnership
- Corporation
- Limited Liability
- Sub S Corporation

**Business Classification:**

- Woman-Owned Small
- Minority-Owned Small
- Other Small

**Owners/Principals:**

	Name	Address(include City State and Zip code)	SSN	Phone Number	% Owned
1					
2					
3					
4					
5					

**LOAN INFORMATION**

**Sources:**

**Uses:**

<b>Loan Request:</b>	\$	<b>Acquisition of Machinery &amp; Equipment</b>	\$
<b>Owners Investment:</b>		<b>Inventory/Materials Purchases</b>	
<b>Other:</b>		<b>Working Capital</b>	
		<b>Other:</b>	
<b>Total:</b>	\$	<b>Total:</b>	\$



# City of Lindsay Microenterprise Technical Assistance & Loan Program

## Loan Application



### CLIENT DEMOGRAPHICS

**Race:** (Please check all that apply)

- American Indian or Alaska Native
- Asian
- African American or Black
- Native Hawaiian or Other Pacific Islander
- White
- Other Multi-Racial

**Additional Information:**

- |                     |                               |                                 |
|---------------------|-------------------------------|---------------------------------|
| Gender:             | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Disabled:           | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |
| Senior (62+ years): | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |
| Homeless:           | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |
| Latino/Hispanic:    | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |
| Single HoH:         | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |

**Employment Status:**

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Self-Employed Full-Time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Self-Employed Part-Time | <input type="checkbox"/> Other      |

**Educational Background:** Please check the highest level that you completed

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Junior High or lower    | <input type="checkbox"/> Some College                     | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some High School        | <input type="checkbox"/> Associates Degree                | <input type="checkbox"/> Master's Degree   |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Professional Certificate/License | <input type="checkbox"/> Doctorate         |

**How did you hear about this program?** (Please check all that apply)

- |   |   |  |                                    |  |                                       |
|---|---|--|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> CSET Staff           | <input type="checkbox"/> Flyer            | <input type="checkbox"/> Friend            | <input type="checkbox"/> Counselor | <input type="checkbox"/> Previous Client | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Radio Station: _____ | <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Television: _____ |                                    |  |                                       |

I certify that this eligibility information provided in this application package is correct, and I understand that the information I have provided on my family income **is subject to verification** by authorized representatives of Community Services & Employment Training, Inc., County of Tulare, and State of California Department of Housing and Community Development. My signature authorizes verification and verification will occur prior to my employment/assistance. If this information is found to be incorrect, the applicant may be disallowed to receive services from this program.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date



# City of Lindsay Microenterprise Technical Assistance & Loan Program Loan Application



RIGHT TO FINANCIAL PRIVACY ACT OF 1978: This notice to you as required by the Right to Financial Privacy Act of 1978, of Community Services Employment Training (hereafter CSET) access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institution participating in a loan or loan guarantee. The law provides that CSET shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a loan or loan guaranty agreement. CSET is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that CSET's access rights continue for the term of any loan guaranty agreement. No further notice to you of CSET's access rights is required during the term of any such agreement. The law also authorizes CSET to transfer to any Government authority, any financial records included in an application for a loan guaranty, or concerning an approved loan guaranty, as necessary to process, service or foreclose a loan guarantee or to collect on a defaulted loan guarantee. No other transfer of your financial records to another Government authority will be permitted by CSET except as required or permitted by law.

APPLICANT'S ACKNOWLEDGEMENT: My (our) signature(s) acknowledge(s) receipt of this form, that I (we) have read it and that I (we) have a copy for my (our) files. My (our) signature(s) represent(s) my (our) agreement to comply with the requirements that CSET makes in connection with the approval of my (our) loan request. My (our) signature(s) also represent(s) written permission, as required by the Privacy Act, for CSET to release any information in my (our) loan guaranty application to the Governor of my (our) State or the Governor's designated representative in conjunction with the State's processing of my (our) application for assistance under the Guaranteed Loan Program. The undersigned applies for the loan guaranty indicated in this application to be secured by real and/ or personal property as hereafter agreed and the undersigned further represents that all statements made in this application are true and are made for the purpose of obtaining this loan guaranty. Verification may be obtained from any source named in the application. The original or a copy of this application will be retained by the guarantor, even if the guaranty is not granted. I (we) fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statement/ concerning any of the above facts as applicable under the provisions of Title 18, United States Code Section 141.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



# City of Lindsay Microenterprise Technical Assistance & Loan Program

## Loan Application



CERTIFICATION: Applicant certifies that the information provided on and with this form, is complete and correct. Applicant authorizes Community Services Employment Training ("CSET") to obtain credit reports (including personal credit reports), copies of tax returns, and other information from the IRS and other taxing authorities, and to take such other steps as CSET deems appropriate to verify (and from time to time to re-verify) the information provided with this form. Applicant further agrees to execute and deliver to CSET such other forms, and take such other action, as CSET requests in furtherance of the foregoing. CSET will retain information received in relation to this credit request as long as CSET deems necessary to do so. Applicant authorizes CSET to release credit information concerning same to other creditors, guarantors (including agencies of the federal and/ or state government), credit bureaus, credit reporters, sureties, and to CSET's agents and subsidiaries. Applicant agrees to promptly notify CSET in writing of any change in name, address, or location of assets. Applicant agrees that funds drawn on the credit facilities provided by CSET will only be used for business purposes. If you are applying for loan product guaranteed or funded by the U.S. Small Business Administration ("SBA"), then the undersigned applicant also acknowledges receipt of a copy of the following document:

I/ We certify under penalty of perjury, that the information provided herein is true and correct and that all subsequently provided information will be a true and correct representation of the facts relating to my application:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**CSET Use Only:**

Accepted                      Date: \_\_\_\_\_                      CSET Staff Person: \_\_\_\_\_

Assigned Counselor: \_\_\_\_\_

Denied                      Date: \_\_\_\_\_                      CSET Staff Person: \_\_\_\_\_

Method of Notification:  Mail     Phone Call     Fax     E-mail



### CREDIT REPORT AUTHORIZATION

NAME:

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FIRST	MIDDLE	LAST
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SPOUSE:

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FIRST	MIDDLE	LAST
-------	--------	------

ADDRESS:

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CITY/ STATE	ZIP
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SOCIAL SECURITY #

---

SPOUSE SOCIAL SECURITY #

---

DATE OF BIRTH #

---

SPOUSE DATE OF BIRTH #

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I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my loan through the

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All information will be kept confidential between my Counselor and me. I further understand that Community Services Employment Training will be held harmless for information received in this credit report.

Both signatures are required if joint report is requested.

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Signature	Date
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Signature	Date
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**CITY OF LINDSAY MICROENTERPRISE  
TECHNICAL ASSISTANCE & LOAN PROGRAM  
PERSONAL HISTORY / RESUME**



Please fill out the following information for officers, directors, or stockholders / partners with 20% or more ownership. If business is owned by husband and wife, complete a separate form for each. Complete for any key management person, regardless of ownership percentage.

Name: (first, middle, last) \_\_\_\_\_

Home Address: (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business \_\_\_\_\_

Prior Address: (street, city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Lived there from: (month / year) \_\_\_\_\_ To: (month / year) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_ No\_\_\_ (Alien Registration No.) \_\_\_\_\_

Have you ever been involved in bankruptcy or insolvency proceedings?

Yes \_\_\_ No \_\_\_ If yes, provide details as a separate exhibit.

Are you or your business involved in any pending lawsuits? Yes \_\_\_ No \_\_\_

If yes, provide details as a separate exhibit.

Military Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

**WORK EXPERIENCE / EDUCATION**

List in chronological order beginning with your present employment.

Emphasize accomplishments and responsibilities.

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties: \_\_\_\_\_



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2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties: \_\_\_\_\_

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3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Duties: \_\_\_\_\_

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College and Training Name and Location	Attended		Area of Study	Degree or Certificate
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Miscellaneous (Awards, Honors, etc.) \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_



**City of Lindsay Microenterprise  
Technical Assistance & Loan Program  
Monthly Personal Budget**



**NAME:** \_\_\_\_\_ **No. of dependents** \_\_\_\_\_

**MONTHLY INCOME:**

Applicant	\$ _____	Interest/ Dividend	\$ _____
Spouse	\$ _____	Rental	\$ _____
Retirement	\$ _____	Other (specify)	\$ _____
<b>Total Monthly Income</b>			\$ _____

**MONTHLY EXPENSES:**

**Housing**

Mortgage 1st (home)	\$ _____
Mortgage 2nd (home)	\$ _____
Renting	\$ _____
Utilities/ telephone	\$ _____
Mortgage (rental)	\$ _____

**Total Housing Expenses** \$ \_\_\_\_\_

**Insurance**

Life	\$ _____
Health	\$ _____
Property	\$ _____
Automobile	\$ _____
Other	\$ _____

**Total Insurance Expenses** \$ \_\_\_\_\_

**Automobile**

**Auto No. 1**

Make/ Year/ Model	_____
Monthly Payment	\$ _____
Balance Owed	\$ _____
Gas/ Maintenance	\$ _____

**Total Automotive Expenses** \$ \_\_\_\_\_

**Auto No. 2**

Make/ Year/ Model	_____
Monthly Payment	\$ _____
Balance Owed	\$ _____

**Personal**

Food	\$ _____
Clothing	\$ _____
Medical/ Dental	\$ _____
Entertainment	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____
Other (specify)	\$ _____

**Total Personal Expenses** \$ \_\_\_\_\_

**Credit Card/Other Payments**

1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____

**Total Credit Card/Other Pymts** \$ \_\_\_\_\_



# City of Lindsay Microenterprise Technical Assistance & Loan Program Individual Financial Statement



Lender:	
Applicant Name:	SSN/ TIN:
Address:	

Applicant is applying for this loan:  Individually  Jointly

Check appropriate box:

- If you are applying for individual credit in your own name and are relying on your own income or assets or another person as the basis for repayment of the credit requested, complete all applicable sections.
- If this is an application for joint credit with another person, complete applicant and co-applicant sections and indicate or provide explanation relating to any assets owned jointly or by a trust or liabilities owed with others. (Attach schedules and explanatory notes if necessary.) NOTE: Applicant if married may apply for a separate account.  
We intend to apply for joint credit. \_\_\_\_\_  
Applicant Co-Applicant

- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information in the applicant section about the person on whose alimony, child support, or maintenance payments or income assets you are relying. (Attach schedules and explanatory notes if necessary.)

STATEMENT OF FINANCIAL CONDITION OF: _____			AS OF: _____		
ASSETS		AMOUNT	LIABILITIES		AMOUNT
<b>Cash</b>	<b>SCHEDULE A</b>		<b>Notes &amp; Loans Payable</b> (Other than Real Estate)	<b>SCHEDULE G</b>	
	In this institution	\$		Notes Payable to Banks	\$
	Other Banks or Savings & Loans	\$		Notes & Loans Payable (Other)	\$
<b>Stocks &amp; Bonds</b>	<b>SCHEDULE B</b>		<b>Insurance Loans</b>	<b>SCHEDULE C</b>	
	Marketable Securities	\$			
	Others	\$			\$
<b>Tax</b>	Tax Refund Due	\$	<b>Taxes Owed</b>		\$
<b>Insurance</b>	<b>SCHEDULE C</b>		<b>Accounts &amp; Bills Payable</b>	<b>SCHEDULE H</b>	
	Cash Value	\$		Bank Cards	\$
<b>Accounts &amp; Notes Receivable</b>	<b>SCHEDULE D</b>			Open Revolving Accounts	\$
		\$	Other	\$	
<b>Real Estate</b>	<b>SCHEDULE E</b>		<b>Real Estate Notes &amp; Contracts Payable</b>	<b>SCHEDULE E</b>	
	Residence(s)	\$		Residence(s)	\$
	Unimproved Land	\$		Unimproved Land	\$
	Income Property(ies)	\$		Income Property(ies)	\$
	Other	\$		Other	\$
<b>Other Assets</b>	<b>SCHEDULE F</b>		<b>Other Liabilities</b>	<b>SCHEDULE I</b>	
	Other Assets & Personal Property	\$			\$
	<b>TOTAL ASSETS</b>	\$		<b>TOTAL LIABILITIES</b>	\$
<b>RECAP OF INCOME AND EXPENSES</b>			<b>NET WORTH</b>	(DIFFERENCE BETWEEN TOTAL ASSETS & TOTAL LIABILITIES)	
* See notice below before completing Other Income				\$	

Annual Income for Year:		Annual Expenses for Year:		Contingent Liabilities	
Salary or Wages	\$	Property Tax & Assessments	\$	As Endorser on Notes/ Contracts	\$
Dividends or Interest	\$	Federal & State Income Tax	\$	As Guarantor on Notes/ Contracts	\$
Rentals (Gross Income)	\$	Real Estate Loan Payments	\$	For Taxes	\$
Business (Net Income)	\$	Payments Contracts/ Notes	\$	Other (Describe)	\$
Other Income (Describe)*	\$	Estimated Living Expense	\$		\$
		Other	\$		\$
<b>TOTAL INCOME</b>	\$	<b>TOTAL EXPENSES</b>	\$	<b>TOTAL</b>	\$

\* Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

SCHEDULE A			CASH LOCATION AND STATUS OF BANK ACCOUNTS						
Checking	CD	Savings	Bank & Branch Where Carried	Balance	Interest Rate You Paid	Date CD Matures	Is this Account Pledged for a Loan?	Balance of Loan	Maturity Date of Loans
TOTAL				\$				TOTAL	\$

SCHEDULE B		STOCKS AND BONDS (Include Interests in Any Closely Held Business)						
Description	No. Shares	Registered in Name Of	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledged	
TOTAL						\$		

SCHEDULE C		LIFE INSURANCE				
Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Loans on Policy	Name of Company	Location of Office
TOTALS		\$	\$	\$		

SCHEDULE D		ACCOUNTS AND NOTES RECEIVABLE				
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable	Balance Due
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
TOTAL					\$	\$

SCHEDULE E		REAL ESTATE OWNED				
Parcel No.	Description	Address/ Location	Owner(s)	Date Acquired	Cost	

SCHEDULE E		REAL ESTATE OWNED (Continued)				
Mortgage or Lien Holder		Annual Taxes	Monthly Income	Monthly Payments	Present Value	Balance Due
TOTALS		\$	\$	\$	\$	\$

SCHEDULE F		OTHER ASSETS AND PERSONAL PROPERTY					
Automobiles	Value	Rec. Vehicles & Boats	Value	Personal Property	Value	Totals	
YR: MAKE:		YR: MAKE: FT:		Furniture		Subtotal – Autos	\$
YR: MAKE:		YR: MAKE: FT:		Jewelry		Subtotal – RV's/ Boats	\$
YR: MAKE:		YR: MAKE: FT:		Equipment		Subtotal – Pers. Prop.	\$
YR: MAKE:		YR: MAKE: FT:		Other			
YR: MAKE:		OTHER:					
Subtotal Autos	\$	Subtotal RV's/ Boats	\$	Subtotal Personal Property	\$	Total All Other Assets	\$

SCHEDULE G		NOTES AND LOANS PAYABLE TO BANKS AND OTHERS				
Payable To	Address	Collateral	Persons Liable	Maturity Date	How Payable	Balance Due
					PER	
					PER	
					PER	
					PER	
					PER	
TOTALS					\$	\$

SCHEDULE H		ACCOUNTS AND BILLS PAYABLE (Including Bank Cards)			
Payable To	Account Number	Persons Liable	How Payable	Balance Due	
			PER		
			PER		
			PER		
			PER		
			PER		
TOTALS			\$	\$	

SCHEDULE I		OTHER LIABILITIES		
Payable To	Persons Liable	Collateral	How Payable	Balance Due
			PER	
			PER	
			PER	
			PER	
			PER	
TOTALS			\$	\$

If applicant resides in a community property state please complete the following concerning marital status.

Applicant is:  Married  Separated  Unmarried (Includes single, divorced and widowed)  Registered Domestic Partner  
 Co-Applicant, if any, is:  Married  Separated  Unmarried (Includes single, divorced and widowed)  Registered Domestic Partner

**APPLICANT INFORMATION**

<b>Social Security Number</b>		<b>Driver's License No.</b>		<b>Home Phone</b>		<b>Business Phone</b>	
<b>Date of Birth (MM/DD/YY)</b>		<b>Name of Employer</b>		<b>Occupation</b>		<b>No. Years</b>	<b>Salary Per Year</b>
Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support and separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
Name and address of payor of any alimony, child support or separate maintenance income disclosed above as a source of repayment:  Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral							
Income (salary, pension, social security, dividends, interest, etc.) Source:							Per Month
Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____							
Number of Dependents: _____ Ages: _____ Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of Trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative: _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities: _____ Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever declared bankruptcy within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Names of References:				Addresses:			

**CO-APPLICANT INFORMATION**

<b>Co-Applicant Name:</b>				<b>Address:</b>			
<b>Social Security Number</b>		<b>Driver's License No.</b>		<b>Home Phone</b>		<b>Business Phone</b>	
<b>Date of Birth (MM/DD/YY)</b>		<b>Name of Employer</b>		<b>Occupation</b>		<b>No. Years</b>	<b>Salary Per Year</b>
Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support and separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.							
Name and address of payor of any alimony, child support or separate maintenance income disclosed above as a source of repayment:  Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral							
Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____							
Number of Dependents: _____ Ages: _____ Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of Trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative: _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities: _____ Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever declared bankruptcy within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Names of References:				Addresses:			

**APPLICANT'S SIGNATURE(S)**

I (we) hereby affirm that the foregoing information contained in the financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Lender is relying on this statement of my financial condition in making loan(s) to me. Lender is authorized to make any investigation of my credit or employment status either directly through any agency employed by Lender for that purpose. I agree to inform Lender immediately of any matter which will cause any significant change in my/our financial condition. I understand that Lender will retain this financial statement whether or not credit is granted.

\_\_\_\_\_  
 Applicant's Signature Date Co-Applicant's Signature Date

**CONSENT.** The Lender may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) an individual co-borrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application accommodation for the loan. By signing below, I authorize the financial institution to obtain a consumer credit report on me for that purpose to evaluate the loan application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_



# City of Lindsay Microenterprise Technical Assistance & Loan Program Business Financial Statement



Borrowing Entity: \_\_\_\_\_  
 Name of Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone & Cell: \_\_\_\_\_  
 SS# or Tax ID#: \_\_\_\_\_

This is a statement of the financial condition  
 of: Individual  Sole-Prop  Partnership  Corporation  Other Entity

Financial Statement as of: \_\_\_\_\_

	AMOUNT		AMOUNT	Annual Prin. & Int. Payment
<b>ASSETS</b>		<b>LIABILITIES</b>		
Cash/Checking		Accounts Payable (Sch. D)		
Savings		Federal Income Tax		
Accounts Receivable (Sch. A)		State Income Tax		
Notes Receivable (Sch. A)		Real Estate Taxes		
Listed Stocks & Bonds		Other Taxes		
Inventory (Sch. B)		Current Por. LTD		
Prepays		Other Payables		
		VSBDC		
<b>Total Current Assets</b>		<b>Total Current Liabilities</b>		
Cash Value of Life Insurance		Notes Payable (Sch. D)		
Unlisted Stocks & Bonds				
Autos & Trucks (Sch. E)				
Machinery & Equip. (Sch. E)				
<b>Total Intermediate Assets</b>		<b>Total Intermediate Liabilities</b>		
Real Estate (Present Value)		Real Estate Liens (Sch. C)		
Other Real Estate		Other Real Estate Liens		
Notes Receivable (Sch. A)		Share of Partnership/Corp.		
Share of Partnership/Corp.				
Personal Property				
<b>Total Fixed Assets</b>		<b>Total Long Tem Liabilities</b>		
<b>Total Assets</b>		<b>Total Liabilities</b>		
		<b>NET WORTH</b>		
		(Total Assets M inus Total Liabilities)		

**SUPPORTING FINANCIAL STATEMENT SCHEDULES**

**Schedule A: Notes & A/ R**

**NOTES RECEIVABLE**

Due Date	From Whom	Accounts Receivable	Current Portion	Long Term	Terms/ Rates & Collateral
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
	<b>TOTALS</b>	\$	\$	\$	

**Schedule B: Inventory**

Units	Description	Price	Inventory
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	<b>TOTALS</b>	\$	\$

**Schedule C: Real Estate & Property**

Parcel Number	Location	Year Purchased	Lien Holder & Terms	Present Value	Amount of Encumbrance	Annual P&I Payment
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
			<b>TOTALS</b>	\$	\$	\$



**Schedule D: Notes & A/ P**

**NOTES PAYABLE**

Due Date	To Whom	Accounts Payable	Current Portion	Long Term	Terms/ Rates & Collateral
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
<b>TOTALS</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	

**Schedule E: Other Miscellaneous Items**

Units	Description	Price	Auto & Truck	Machinery & Equipment	Other
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTALS</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Intangible Assets \_\_\_\_\_ Explain \_\_\_\_\_

Contingent Liabilities \_\_\_\_\_ Explain \_\_\_\_\_

Notes Endorsed for Others \_\_\_\_\_ Explain \_\_\_\_\_

Judgments, Suits or Claims \_\_\_\_\_ Explain \_\_\_\_\_

Insurance: Building/ Facility \_\_\_\_\_ Equipment \_\_\_\_\_ Inventory \_\_\_\_\_ Life Insurance \$ \_\_\_\_\_

Name of Insurance Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

RELEASE OF INFORMATION: You may retain and verify this statement. I understand that from time to time, you may require information about me from others and may answer questions and requests from others seeking credit and relationship in handling other requests, like those from government agencies.

CERTIFICATION: The undersigned certifies that the information contained herein and any attachments hereto fully, truly, and correctly represents the undersigned's financial condition as of the effective date indicated and furnishes the information for purposes of inducing the above referenced.

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_







# City of Lindsay Microenterprise Technical Assistance & Loan Program Sources and Uses of Funds



\_\_\_\_\_  
(Name of Business)

## Sources

Owner's Injection

Cash \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Tools \$ \_\_\_\_\_

Land Value \$ \_\_\_\_\_

In-Kind Contribution \$ \_\_\_\_\_

Other (describe) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Loan Request \$ \_\_\_\_\_

**Total Sources** \$ \_\_\_\_\_

## Uses of Funds

Purchase of Business \$ \_\_\_\_\_

Purchase of Real Estate \$ \_\_\_\_\_

Purchase of Equipment \$ \_\_\_\_\_

Remodeling/Repairing \$ \_\_\_\_\_

Supplies/Inventory \$ \_\_\_\_\_

Marketing \$ \_\_\_\_\_

Refinance Debt \$ \_\_\_\_\_

Working Capital \$ \_\_\_\_\_

Existing Equipment \$ \_\_\_\_\_

Prepaid Expenses \$ \_\_\_\_\_

**Total Uses** \$ \_\_\_\_\_

# Request for Transcript of Tax Return

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury  
Internal Revenue Service

► **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
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**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

**4** Previous address shown on the last return filed if different from line 3 (See instructions)

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6** **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

**a** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .

**c** **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7** **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

<b>Sign Here</b>		Date	
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self help-service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946.

### Chart for individual transcripts (Form 1040 series and Form W-2)

#### If you filed an individual return and lived in:

#### Mail or fax to the "Internal Revenue Service" at:

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)

RAIVS Team  
P.O. Box 47-421  
Stop 91  
Doraville, GA 30362  
770-455-2335

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

512-460-2272

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

RAIVS Team  
Stop 37106  
Fresno, CA 93888

559-456-5876

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

RAIVS Team  
Stop 6705 P-6  
Kansas City, MO  
64999

816-292-6102

## Chart for all other transcripts

#### If you lived in or your business was in:

#### Mail or fax to the "Internal Revenue Service" at:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address

RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

RAIVS Team  
P.O. Box 145500  
Stop 2800 F  
Cincinnati, OH 45250

859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.