



COMMERCIAL LOAN APPLICATION

Loan applications and required documents are only valid for 90 days after application is submitted. If your completed application and required documents are not received within 90 days of submittal you will have to reapply and submit a new application with up to date documents.

LOAN TERMS

Allowable Loan Purposes

- Loan proceeds may be used for Operating Capital and Equipment Purchases.

Excluded Loan Purposes

- Real Estate purchases, real estate refinancing, real estate renovations; payment of tax debts; personal expenses or payoff of business owners.

Loan Amounts

- Minimum Loan \$10,000; Maximum Loan \$100,000

Loan Repayment Terms

- Loans may be financed for up to seven (7) years.

Interest Rates

- Minimum Rate 5%, Maximum Rate 10%; however, loan rates will typically be 8% for most loans.

Loan Guidelines

- For profit businesses and revenue-generating non-profit organizations with at least one (1) year of documented revenues and expenses.
- Start-up businesses with proven operating models with entrepreneurs with at least one (1) year of relevant business experience.
- Businesses with no more than 100 employees.
- Businesses with maximum gross revenues of \$1 million.

Date: _____



COMMERCIAL LOAN APPLICATION

ALL FIELDS MUST BE COMPLETED BEFORE APPLICATION CAN BE PROCESSED.

Amount Requested: \$ _____ Term of Loan: ___ Short-Term ___ Long-Term ___ Gap Financing

Purpose of Loan: _____

Intended Use of Funds:

___ Inventory \$ _____ ___ Purchase/Replace Equipment \$ _____
___ Operating Expenses \$ _____ ___ Other: _____ \$ _____

How will this loan enable your business to impact your community? (Please check all that apply.)

___ Jobs Created/Retained ___ Blight reduction
___ Business Growth/Expansion ___ Adult Rehabilitation Clients
___ Crime Reduction ___ Other _____

APPLICANT INFORMATION

Company Legal Name: _____

DBA Name: _____ TIN: _____

Name of Primary Owner: _____

Owner Birth Date: _____ SSN: _____

Number of Years in Operation with Current Owner: _____

Marital Status: ___ Married ___ Single ___ Separated ___ Divorced

Phone Numbers: Cell _____ Home _____ Work _____

Fax Number: _____ Email Address: _____

If the Applicant is other than the owner, please identify role: ___ Borrower ___ Guarantor
___ Cosigner ___ Other

If applicant is other than an owner, please print name: _____

Guarantor Name: _____

Ownership %: _____ **Decision Maker:** ___Yes ___No **Actively Involved:** ___Yes ___No

Industry Experience: _____ yrs **Email:** _____

Phone Numbers: Home _____ Cell _____

Business Owner 2 Name: _____

Title: _____ **SSN:** _____

Ownership %: _____ **Decision Maker:** ___Yes ___No **Actively Involved:** ___Yes ___No

Industry Experience: _____ yrs **Email:** _____

Phone Numbers: Home _____ Cell _____

BUSINESS LOAN SCHEDULE

Current Outstanding Loans

Line of Credit: Credit Line Balance \$ _____ Original Amount \$ _____ Collateralized ___Y ___N

Bank/Institution _____ Loan Date _____

Interest Rate _____% Monthly Payment \$ _____

Loan: Loan Balance \$ _____ Original Amount \$ _____ Collateralized ___Y ___N

Bank/Institution _____ Loan Date _____

Interest Rate _____% Monthly Payment \$ _____

Lease: Equip. Lease \$ _____ Original Amount \$ _____ Collateralized ___Y ___N

Bank/Institution _____ Lease Date _____

Mortgage: Mortgage Balance \$ _____ Original Amount \$ _____ Collateralized ___Y ___N

Bank/Institution _____ Mortgage Date _____

Interest Rate _____% Monthly Payment \$ _____

Other: Other \$ _____ Original Amount \$ _____ Collateralized ___Y ___N

Bank/Institution _____ Date Closed _____

ADDITIONAL INFORMATION

Do any of the owners listed on this application have an ownership, interest, or contingent liability in another company? Yes No

If yes, please provide the following:

Owner's Name: _____

Company: _____ Ownership %: _____

Has the business used or done business under any other names? Yes No

If so, please list _____

Does the business hold any assets to use as collateral? Yes No

Has the applicant, co-borrower, owner, or guarantor ever been convicted of a felony? Yes No

Is the business an endorser, guarantor, or co-maker for obligations not listed on its financial statements? Yes No

Is the business a party to any other claim or lawsuit? Yes No

Has the business ever declared bankruptcy? Yes No

Does the business use hazardous substances in the normal course of business? Yes No

Are any owners a Non-US Citizen? Yes No

If yes, please provide the following:

Name: _____ Residency Status: _____

Professional Services

Primary Bank: _____

Accountant/CPA: _____

Insurance Agent: _____

Marketing Professional: _____

Technology Vendor: _____

Mentor/Advisor: _____

Technical Assistance Needs (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Business Counseling | <input type="checkbox"/> DBE/Minority Certification | <input type="checkbox"/> Accounting Training |
| <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Marketing Assistance | <input type="checkbox"/> Back Office Support |

Business Affiliations (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Disadvantaged Business Enterprise Program (DBE) | <input type="checkbox"/> Southern Regions Minority Supplier Development Council |
| <input type="checkbox"/> State & Local Disadvantaged Business Enterprise Program (SLDBE) | <input type="checkbox"/> Louisiana Unified Certification Program (LAUCP) |
| <input type="checkbox"/> New Orleans Chamber of Commerce | <input type="checkbox"/> Women's Business Enterprise (WBE) |
| <input type="checkbox"/> New Orleans Black Chamber of Commerce | <input type="checkbox"/> Small Business Enterprise Program (SBE) |
| <input type="checkbox"/> New Orleans Asian Chamber of Commerce | <input type="checkbox"/> Other Affiliations _____ |
| <input type="checkbox"/> New Orleans Hispanic Chamber of Commerce | |

BUSINESS REFERENCES

Please list top three (3) business clients/customers.

Client 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

How long have you been doing business with this client/customer? _____

Client 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

How long have you been doing business with this client/customer? _____

Client 3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

How long have you been doing business with this client/customer? _____

Please list top three (3) business suppliers.

Supplier 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

How long have you been doing business with this supplier? _____

Supplier 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

How long have you been doing business with this supplier? _____

Supplier 3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

How long have you been doing business with this supplier? _____

CERTIFICATION & SIGNATURES

The signer(s) certifies that the above statement and attached supporting schedules, including all financial statements and tax returns, prepared by or for the undersigned are a complete and true statement of the financial condition of the undersigned on the date indicated. The signer(s) authorizes CUEE to obtain consumer and/or business reports in their names as individuals at any time to verify all portions of this financial statement, including all financial statements and federal tax returns, with appropriate sources. CUEE is authorized to provide credit information about the signer(s) to other creditors and credit reporting agencies.

All CUEE loan recipients are required to submit an ACH form allowing for monthly automatic bank debits. All CUEE loan recipients are required to submit a use of funds report within 90 days of loan closing. All CUEE loan recipients are required to complete an annual survey for the duration of their loans. Additionally, the annual survey may include a request for updated financials. Information obtained is used to track all aspects of their business including wages, hiring, income, and debt. The signer(s) also agrees to provide further information that CUEE may request during the processing of this application.

- For loans under \$50,000 a \$100 non-refundable application fee will be collected in two parts: \$25 is due when completed application is submitted and \$75 is due at loan closing. **Application will not be processed until the initial \$25 application fee is received.**
- For loans \$50,000 - \$100,000 a \$25 non-refundable application fee is due when completed application is submitted and if the loan is approved a commitment fee of 1% of approved loan amount is due at loan closing. **Application will not be processed until the initial \$25 application fee is received.**
- If real estate is used for collateral: Mortgage loan fees will be subject to cost as associated with loan closing, appraisals and other fees
- UCC Filing Fee: \$150 (Collected at loan closing)
- CUEE fees are subject to change without advanced notification
- CUEE reserves the right to request additional information to support the underwriting of this application

Signature (Applicant): _____

Print Name: _____ Date: _____

Signature (Co-Applicant): _____

Print Name: _____ Date: _____

Return application to:

CUEE • 4528 Freret Street, Second Floor • New Orleans, LA 70115 • Office: (504) 301-1187

(CUEE is located in the Neighborhood Housing Services building on the corner of Freret St. and Cadiz St.)

FOR INTERNAL USE ONLY

Date Received: _____ Approved Not Approved



DATE

Name		THIS STATEMENT IS SUBMITTED IN SUPPORT OF: <input type="checkbox"/> Direct Debt <input type="checkbox"/> Indirect Debt (Please indicate Borrower's Name)			
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		Date of Birth	Spouse's Name		No. of Dependents
Present Address		Zip Code	How Long	Mailing Address (If different from residence)	
Former Address (If at present address less than 3 years)		How Long	Former Bank (If new customer)		
Employed By:		How Long	Position	Applicant's Social Security No.	
Spouse's Employer (If credit is joint with spouse)		How Long	Position	Spouse's Social Security No.	
My Bank	Checking Account No.	Savings Account No.	Home Phone	Bus. Phone	

BALANCE SHEET

FILL IN ALL BLANKS WRITING "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION

Note: Please list entire value of all community assets and liabilities whether this application is for individual or joint credit. If any item (asset or liability) is separate property (as opposed to community), please indicate by placing an "H" or "W" (Husband or Wife) in the column marked "seperate property" adjacent to that item.

ASSETS (Do not indicate assets of doubtful value)	Separate Property	Round to the Nearest Dollar	LIABILITIES (Include All Direct Liabilities)	Separate Property	Round to the Nearest Dollar
1. Cash In Checking Accounts		\$	19. Comercial Debt		\$
2. Cash in Savings Accounts			20. Installment Loans		
3			21. Debt at Other Financial Institutions		
4. Cash at Other Financial Institutions			22. Automobile Loans		
5. Automobiles			23		
6			24		
7. Vested interest in Deferred Compensation Plans			25		
8. Stocks and Bonds - Schedule A			26. Unpaid Income Tax		
9. Securities Held By Brokers In Margin Accounts			27. Due to Brokers		
10. Real Estate Owned - Schedule B			28. Real Estate Mortgages Payable - Schedule B		
11. Partial Interest in Real Estate - Schedule C			29. Partial Interest in Real Estate Mortgages - Schedule C		
12. Cash Value of Life Insurance - Schedule D			30. Loans Against Life Insurance - Schedule D		
13. Other Assets (Itemize)			31. Other Debt - Schedule E		
14			32. Other Liabilities (Itemize)		
15			33		
16			34		
17			35. TOTAL LIABILITIES		\$
18. TOTAL ASSETS		\$	36. NET WORTH (LINE 18 LESS LINE 35)		\$

ANNUAL SOURCE OF INCOME

CONTIGENT LIABILITIES (Itemize Separately)

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			Contested Taxes Payable
			As Endorser, Co-maker, or Guarantor
INCOME: SOURCE FOR YEAR END 20__		SPOUSE	On Leases or Contracts
Salary		\$	Legal Claims
Bonus & Commission			Other:
Dividends & Interest			
Real Estate Income (net after mortgage payments and expense)			Do you have a will? If yes, name executor. <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Income - Itemize			
	\$		Are you a defendand in any suit or legal action? If yes, explain.
	\$		Have you ever taken bankruptcy? If yes, explain.
Total Income	\$	\$	If married, do you have a matrimonial agreement (marriage contract, separate property agreement, etc.)? If yes, please provide a copy with this statement. <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Income Previous Year	\$	\$	
Current Annual Salary	\$	\$	

COMPLETE SCHEDULES AND SIGN ON NEXT PAGE

SCHEDULE A STOCKS AND BONDS						
Description	In Name Of	Separate Property	No. of Shares	VALUE PER SHARE	TOTAL VALUE	Pledged or Assigned to
Total Carried Over to Line 8					\$	

SCHEDULE B REAL ESTATE OWNED									
DESCRIPTION OF LOCATION PROPERTY	Separate Property	Date of Acquisition	Title in Name of	Cost	Market Value	Mortgage Amount	Mortgage		
							Mo. Payments	Rate	Held By
Total Carried Over to Lines 10 and 28				10		28			

SCHEDULE C PARTIAL INTEREST IN REAL ESTATE EQUITIES (*INCLUDES ENTIRE COMMUNITY PORTION)									
DESCRIPTION AND LOCATION OF PROPERTY AND IMPROVEMENTS	Separate Property	Date of Acquisition	Total Cost	Total Mkt. Value	Total Mortgage	% Ownership	My Portion of Mkt. Value	My Portion of Mortgage	Mortgage Held By
Total Carried Over to Lines 11 and 29							11	29	

SCHEDULE D LIFE INSURANCE						
Name of Company	Face Amount	Cash Value	Amount of Loan	Policy Owner	Beneficiary	Pledged or Assigned to
Total Carried Over to Lines 12 and 30			12	30		

SCHEDULE E ALL OTHER DEBT (Including all VISA and Mastercard debt)				
NAME OF CREDITOR	Date Incurred	Amount Owing	Monthly Payment	Security
Total Carried Over to Lines 12 and 30			31	

<p>In order to induce CUEE to grant or extend loans for which I am directly or contingently liable, I hereby represent and warrant the above information to be true and complete. I hereby authorize CUEE to obtain information concerning any statement made herein. This authorization is continued until such time any and all obligations have been satisfied in full. CUEE is further authorized to investigate my personal credit history under CUEE's discretion, including but not limited to pulling credit reports from Equifax, Transunion, and Experian, as well as personally contacting credit references. This statement remains in CUEE's property whether the loan is or is not granted. You are authorized to furnish information to others regarding your credit experience with me/us.</p>	Date Signed
	Signature
	Signature

PLEASE REMEMBER TO SIGN AND DATE YOUR STATEMENT



DOCUMENTS CHECKLIST

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START UP BUSINESSES

- Completed Loan Application
- Personal Financial Statement (all business owners of 10% or more)
- Personal Résumés for each owner
- The Last Three (3) years of Personal Tax Returns for each owner
- Legible Copy of Current Picture ID for each owner
- Three (3) fiscal years of Business Projections
- Business Plan or Business Capability Statement

EXISTING BUSINESSES

- Completed Loan Application
- The Last Three (3) fiscal years of Business Financial Statements or Tax Returns (including Balance Sheets and Profit & Loss Statements)
- Business Notes Payable Schedule
- Current Business Financial Statement (through last fiscal quarter)
- Personal Financial Statement (all business owners of 10% or more)
- Personal Résumés for each owner
- The Last Three (3) years of Personal Tax Returns for each owner
- Legible Copy of Current Picture ID for each owner

ADDITIONAL DOCUMENTS NEEDED (as necessary)

- Current Accounts Receivable Aging (Working Capital Loans)
- Current Accounts Payable Aging (Working Capital Loans)
- Current List of Work-In-Progress/Contracts Pending

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE DOCUMENTING YOUR NEED FOR ASSISTANCE