## NORTHERN SHORES COMMUNITY DEVELOPMENT, INC.

# Micro Loan Application (\$5000 or Less)

This form is designed to provide NSCD with enough information to fully consider your loan request.

A fully completed application will result in a faster answer.

Name of applicant:	
Home Address:	
Home Telephone Number:	
Please check if you: • Own • Rent • Othe	r (explain)
Social Security Number:	
Email address:	Tribal Enrollment #:
How did you hear about NSCD?	
Name of Nearest Relative Not Living With You:	Telephone:
Relationship Add	ress:
A 11 C1 '	
Address of business:	
Date Business Established:/ I.I	
Date Business Established:/ I.I Website: Ex	R.S. Employer I.D. #:
Date Business Established:/ I.I Website: Ex	R.S. Employer I.D. #:
Date Business Established:/ I.I Website: Ex	R.S. Employer I.D. #:
Date Business Established:/ I.I Website: Ex Contact person: Telephone number:	R.S. Employer I.D. #: mail: Fax number:
Date Business Established:/ I.I Website: End Contact person:  Telephone number: Type of Business:	R.S. Employer I.D. #: mail: Fax number:
Date Business Established:	R.S. Employer I.D. #: mail: Fax number:

#### II. BUSINESS OWNERSHIP & MANAGEMENT

Structure of busine	ess (Check One)			
Sole Proprietors	ship • Doing	Business As (d/b/a)	. •	Limited Liability Corporation
• Sub Chapter S	Corporation • C Corp	ooration	•	Partnership
References				
Bank Name:		Account Num	ber: _	
Account Officer Na	me:	Telephone nui	mber:	
Vendor or Custome	r Reference:	Contact	t Perso	on:
Telephone:				
<b>Business Ownersh</b>				
Please list all indivi	duals who own 20% of	more of your busine	ess:	
Name	Address			Social Security #
(must be \$5,000 or	OUR LOAN REQUE less with this applicatio		\$_	
<b>LOAN REQUEST</b> Real Estate Purchas				
Building Renovatio				-
Leasehold Improve				-
Machinery & Equip				-
Inventory:				-
Working Capital*:				*Loans of \$5,000 of less may not be used for worki
Other (describe):				- capital.
Total Project Cost	s:			- -
Your cash:				
Other loans:				Lender name:
				Lender name:
Total NSCD Loan	Request: \$			

(Total Loan Request =Total Project Costs minus Other Loans and Your Cash))

### **COLLATERAL:**

What is the collateral available to secure the loan and its value?				
Description	Collateral Value			
	\$			
	\$			
	\$			
PROJECT DESCRIPTION				
Please describe your financing need and/or project	:			
Please describe how the loan will benefit your busi etc.:	iness in terms of production, sales, profits, jobs created,			
IV. DESCRIPTION OF YOUR BUSINE	<u>ESS</u>			
PRODUCTS AND SERVICES				
Please describe the products and services that you	offer through your business:			
Trease describe the products and services that you	oner through your business.			
Please describe where you sell your products or pe	rform your services:			
MARKET				
Please describe your competition:				

Please describe your customers:					
How will you market your products or services?					
Projected Profit/Loss Statement					
Year/	//	//			
Income/Sales					
Cost of Sales					
Gross Profit (sales – cost of sales)					
Expenses Wages					
Payroll Taxes	<del></del>				
Rent	<del></del>				
Insurance	<del></del>				
Licenses	<del></del>				
Util/Phone	<del></del>				
Advertising	<del></del>				
Supplies					
Auto Exp					
Acct & Legal					
Maint/Repair	<del></del>				
Postage/Ship					
Interest Exp					
Bad Debts Exp					
Depreciation					
Misc Exp					
Total Expenses					
Net Profit (Cost of Sales – Total Expenses)					

#### VI. SUPPORT INFORMATION & STATEMENTS REQUIRED

- 1. Current (within 90 days) and previous two years' business financial statements and/or federal tax returns.
- 2. Personal financial statements completed and signed for all owners with 20% or more ownership. (*Please use enclosed form.*)
- 3. Personal federal income tax returns for the past two years, from all owners with 20% or more ownership.
- 4. If you currently rent your current location, please submit a copy of the lease.
- 5. Any additional information that will assist NSCD in analyzing your application.

#### Please submit this application with the additional information requested.

I/We authorize the Northern Shores Community Development, INC. to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from NSCD, recognizes that prior to receiving any financial assistance he or she will agree to comply with all Tribal, federal, state and local laws and regulations to the extent that such are applicable.

Name of Business:	Signature/Title:	
Date:	Signature/Title:	

#### NSCD NON-DISCRIMINATION STATEMENT

Northern Shores Community Development, INC. does not discriminate within its charter-defined Target Market in providing services to individuals or businesses on the basis of real or perceived race, color, religion, sex, sexual orientation, veteran status, national origin, age, marital status, family status, or physical or mental disability or any other characteristic protected by federal or tribal laws. Northern Shores Community Development, Inc. reserves the right to give preference to low-income individuals in compliance with restrictions in certain federal, state, or foundation grants.