

LOAN PRE-QUALIFICATION APPLICATION

To assist small businesses statewide

Instructions:

Each person who owns 10% or more of the business MUST complete this application in order to be considered for a loan from UCEDC. All financial information can be completed using estimates. If you should be pre-qualified, UCEDC will request a complete and accurate personal financial statement and personal balance sheet from all applicants and guarantors.

Please mail or fax this application to: UCEDC, 75 Chestnut Street, Cranford, NJ 07016, or Fax: 908.527.1207. For more information on UCEDC's loan programs, or to receive assistance in completing this application, call 908.527.1166 or visit <u>www.ucedc.com</u>.

Personal Information:					
Name:				SS#:	
Home address:				DOB:	
City:	St:	Zıj):	County:	
Email: Phone:				Cellphone:	
Business Information:					
Name of business:				% ownership:	
Description of business:					
Business address: City:	~			Phone:	
				Fax:	
Website:				Start-up date:	
Legal entity: Sole Proprietor		Partners	nip	LLC	Corporation
Purpose: Working capital Inventory How did you hear of UCEDC?	Eq	uipment _	Vehicle	e Supplies	Other:
<u>Collateral:</u> (Only assets that you own outright can be pledged as configures, please indicate: Business assets	an be co llateral 	onsidered a ? _ Home	es collateral Yes Vel	l) 5	eal estate
<u>Personal Cash Flow:</u> Total monthly income from all household sourc Total monthly expenses:	es:	\$ \$			
Business Cash Flow: Average gross monthly sales: Average gross monthly expenses:		\$ \$			

Personal Assets: (Estimated value) Cash, checking & savings: \$	Bonds, stocks, etc.:	\$	
Real estate (mkt. value): \$	Automobile (mkt. value):	Ψ	\$
Life insurance: \$(cash surrender value)	Other assets:	\$	
Personal Liabilities: (Estimated) Total credit card balance: \$	Total mortgage balance:		\$
Total bank loan balance:\$Total auto loan balance:\$	Total student loan balance: Other liabilities:	\$ \$	

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Minimum criteria checklist:

Have you and/or the business ever filed bankruptcy? If yes, please explain below.	Yes	No
If bankruptcy has been discharged, please provide the type and date of discharge:		
Do you have any collection items or unpaid taxes? If yes, please explain below.	Yes	No
Do you have any pending police, public, or legal issues? If yes, please explain below.	Yes	No
Are you or your business involved in any lawsuits? If yes, please explain below.	Yes	No
Do you owe any outstanding child support?	Yes	No
Have you ever defaulted on a federal government contract or student loan?	Yes	No
Is your business for profit or a non-profit entity? Please circle.		
Do you have proof of owner equity? (i.e. Cash to invest/receipts of business purchases)	Yes	No
Do you have a written business plan with 2 years of cash projections?	Yes	No
Are you a US citizen, or do you have a green card or other proof of residence?	Yes	No
Have you had 3 or more months of sales or do you have contracts for future sales?	Yes	No

Additional factors:

Do you or someone in your household have a secondary source of income?		Yes		No
Did your business make a profit last year?		Yes		No
Do you have formal training/experience in your field of business?		Yes		No
Have you had any personal or business bank accounts with checks returned due to NSF?		Yes		No
Do you own real estate (excluding your residence)?		Yes		No
Are you currently paying off a vehicle purchase or lease?	Yes		No	
Is there another person who is willing to guarantee your loan?		Yes		No
Will a credit report show that you have been current with creditors over the past 2 years?		Yes		No
Have you addressed any derogatory statements on your credit report?		Yes		No
Have you addressed any derogatory statements on your credit report?		Yes		NO

Explanations from above: (Attach additional sheets if needed)

Authorization and certification:

I authorize UCEDC to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness through a personal credit check. I hereby certify that all information contained in this document and any attachments is true and correct to the best of my knowledge.
Signature: _____ Date: _____

Only applications completed in their entirety will be considered.

For office use only: Date received:	By:	Accept:	Yes	No	Date:
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