



**North Side Community Federal Credit Union**  
 1011 W Lawrence Ave.  
 Chicago, IL 60640

**Small Business Loan Application**

*The information you provide in this application will be held strictly confidential. This application will expire 60 days after submission. Please fill out the application completely; incomplete applications will not be considered.*

**\*\*This application must be submitted with a copy of your Drivers License or State-Issued ID and \$25 application fee made out to North Side Community Federal Credit Union in order to be processed.**

**1 - Contact Information**

**Legal Name of Business/DBA**

\_\_\_\_\_

Name(s) of Partners who own 20% or more interest

\_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_

**Guarantor #1**

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

# \_\_\_\_\_

Drivers License # \_\_\_\_\_ Marital Status:  Married  Unmarried  Separated

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_

/ \_\_\_\_\_

Annual Salary \_\_\_\_\_ Annual Salary from this Business(If applicable) \_\_\_\_\_

Other Household Income \_\_\_\_\_ Total income: \_\_\_\_\_

Previous Address (if less than 1 year at current address):

\_\_\_\_\_

\_\_\_\_\_

**Guarantor #2**

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Apt.

# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone

# \_\_\_\_\_

Drivers License # \_\_\_\_\_ Marital Status:  Married  Unmarried  Separated

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Annual Salary \_\_\_\_\_ Annual Salary from this Business(If applicable) \_\_\_\_\_

Other Household Income \_\_\_\_\_ Total income: \_\_\_\_\_

Previous Address (if less than 1 year at current address):

\_\_\_\_\_

**2 - Business Information**

What is the structure of your business? Individual / Partnership / Corporation / Non-Profit/ Unknown

Description of business activity

\_\_\_\_\_

How long have you been in business? Yrs: \_\_\_\_\_ Months: \_\_\_\_\_ Years of  
experience \_\_\_\_\_

If in business longer than 6 months: Sales in best month: \$ \_\_\_\_\_ Month:

Sales in worst month: \$ \_\_\_\_\_ Month:

Is your business seasonal?  Yes  No

Where does the business get its raw materials or supplies?

\_\_\_\_\_

How do you pay for them?  Credit  Cash  Net 30/ 60/ 90  Other (explain):

\_\_\_\_\_

Business Location: Storefront / Home / Office / Street / Other Status:  Rent  Own  Other

\_\_\_\_\_

**3 - Loan Request Information**

**Project Summary**

Sources:

Equity Injection: \_\_\_\_\_

Loan Amount: \_\_\_\_\_

Other sources: \_\_\_\_\_

Total \_\_\_\_\_

Uses:

Real Estate Build Out	
Inventory	
Working Capital	
Total Uses of Funds	

What collateral will be used to secure this loan?

(Can include personal or business vehicles owned free and clear, business assets such as accounts receivables, machinery and inventory)

Item and Description	Resale Value	Own Free and clear
		Yes ___ No ___
		Yes ___ No ___
		Yes ___ No ___
		Yes ___ No ___

**4 - Landlord Information**

Housing Status:  Rent  Own  Other (describe):

\_\_\_\_\_

Monthly Mortgage or Rent \_\_\_\_\_

Home Landlord's Name: \_\_\_\_\_ Landlord phone

# \_\_\_\_\_

Time at current residence: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Landlord fax

# \_\_\_\_\_

Business Location Status:  Rent  Own  Other (describe):

\_\_\_\_\_

\_\_\_\_\_

Monthly Mortgage or Rent \_\_\_\_\_

Business Landlord's Name: \_\_\_\_\_ Landlord phone  
# \_\_\_\_\_

Time at current location: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Landlord fax  
# \_\_\_\_\_

### 5 – Employment Information

If employed, Name of Employer

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code

Your position \_\_\_\_\_ How long have you worked there?  
\_\_\_\_\_

Who is your supervisor? \_\_\_\_\_ Supervisor's phone #  
\_\_\_\_\_

### 6 – Financial Information

Business Assets (materials, inventory, machinery, accounts receivable, furniture, fixtures, vehicles, etc.)			
Item and Description	Purchase Date	Estimated Value	Own Free and Clear
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
TOTAL		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Business Liabilities	Creditor Name	Monthly Payment	Total Balance
Loan Payment #1		\$	\$
Loan Payment #2			
Loan Payment #3			
Supplier Credit		\$	\$
Business Vehicle		\$	\$
Auto/Equipment Lease		\$	\$
Loans from Family/Friends		\$	\$
Credit Card/ Other		\$	\$
TOTAL			\$

Also complete attached Personal Financial Statement

\_\_\_\_\_

NSCFCU Business Loan Application

**7. Co-Borrower's Information**

All business partners that own at least 20% of the business are required to sign as co-borrowers.

Co-Borrower's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_  
Dr. Lic. # \_\_\_\_\_ Names credit could be under \_\_\_\_\_  
Social Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Previous Address(if less than 1 yr. At current address): \_\_\_\_\_

**8. Bank Account Information**

Do you have a bank account?  yes  No If yes,  Personal  Business  Both  
Type of account  checking  Savings  Both

**9. Co-Signer**

Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Total Credit Extended: \_\_\_\_\_  
Monthly Payment Amount: \_\_\_\_\_  
Balance Due: \_\_\_\_\_

**10 – Credit Information**

If you presently have an active bankruptcy you do not qualify for a loan under our program's guidelines. If you have successfully completed your bankruptcy plan, please provide us with your discharge papers. Thank you.

Have you ever filed for bankruptcy?  Yes  No  
Is it active?  Yes  No

If you presently show past due or slow pay in child support accounts OR federal or state taxes you do not qualify for a loan under our program's guidelines. If you are under a payment plan and in compliance with it, please provide us with proof of payments. Thank you.

Are you showing slow pay in child support?  Yes  No  
Can you prove that you are current?  Yes  No

Are you currently past due for any taxes?  Yes  No  
Can you prove that you are current?  Yes  No

If you presently past due on your mortgage, rent or vehicle account you do not qualify for a loan under our program's guidelines. If you have proof that these accounts are current, please provide supporting information. Thank you.

Are you past-due on your mortgage, rent, or vehicle accounts? \_ Yes \_ No

**11 – Business References:**

1. Supplier/Customer/Other (circle one):

\_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address

\_\_\_\_\_

2. Supplier/Customer/ Other (circle one):

\_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address

\_\_\_\_\_

I attest that all of the information on this application is true. I authorize North Side Community FCU to investigate and verify the above information, and contact any references regarding this application. I also authorize North Side Community FCU to perform a credit check, which may include obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors from time to time, as authorized by law. The release of all information by North Side Community FCU, in any manner, is hereby authorized whether such information is of record or not and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information. I understand that North Side Community FCU will retain this application whether the loan is approved or denied and that I can appeal North Side Community FCU decision if the loan is denied. I understand that this application will expire 60 days after submission.

Signature of Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-borrower: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUAL CREDIT OPPORTUNITY ACT**

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administrates compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC.

\_\_\_\_\_



**PERSONAL FINANCIAL STATEMENT**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks .....	\$ _____	Accounts Payable .....	\$ _____
Savings Accounts .....	\$ _____	Notes Payable to Banks and Others .....	\$ _____
IRA or Other Retirement Account .....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable .....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other) .....	\$ _____
Stocks and Bonds .....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance .....	\$ _____
Real Estate .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ _____	Unpaid Taxes .....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ _____
<b>Total</b>	\$ _____	Net Worth .....	\$ _____
		<b>Total</b>	\$ _____

**Section 1. Source of Income** **Contingent Liabilities**

Salary .....	\$ _____	As Endorser or Co-Maker .....	\$ _____
Net Investment Income .....	\$ _____	Legal Claims & Judgments .....	\$ _____
Real Estate Income .....	\$ _____	Provision for Federal Income Tax .....	\$ _____
Other Income (Describe below)* .....	\$ _____	Other Special Debt .....	\$ _____

Description of Other Income in Section 1.

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)**

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)**

**Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)**

**Section 7. Other Liabilities. (Describe in detail.)**

**Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)**

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

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

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

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**