



## Nanoloan Application

(Loans \$5,000 to \$20,000)

### Loan Information

Requested Loan Amount: \$ \_\_\_\_\_

Purpose of Funds: (Provide as much detail as possible)

Dollar Amount	Purpose of Funds (Details)

If you do not qualify for the full amount, what is the minimum loan amount? \$ \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you borrowed with us before?  Yes  No

### Applicant Business Information

Business Name: \_\_\_\_\_

Employer Identification No: \_\_\_\_\_

Business Owner Structure:

Sole Proprietorship

Corporation

General Partnership

Limited Partnership

Limited Liability Company

Non-Profit

Location Type:

Home

Storefront

Market

Office

Industrial

Other

Operating Time of Business:

Full-Time

Part-Time

Seasonal

Start of Business (Month/Year): \_\_\_\_\_

Industry: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

### Business Contact Information

Main Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Business Practices

Do you have a separate business account?  Yes  No Average Balance: \_\_\_\_\_

Do you have outstanding merchant cash advance?  Yes  No Amount: \_\_\_\_\_

**Physical Business Address**

Is the physical address the mailing address?       Yes                       No                      If no, specify below.  
Street: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Time at Location (Month/Year): \_\_\_\_\_

Mailing Address:  
Street: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Business Income (per month)**

**Business Expenses (per month)**

Actual                       Projected

Average Month Gross Sales	\$	Cost of Goods Sold	\$
Other Monthly Income (optional)	\$	Business Rent or Mortgage	\$
		Payroll (besides yourself)	\$
		Utilities	\$
		Credit Card, Vehicle, and Other Loans	\$
		Insurance, Gasoline, Misc.	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>

Type of financial records:       None                       Some                       Formal                       Professional

**Business Liabilities**

Liability Description	Lender Owed	Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Applicant Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Business Title: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Are you a U.S. citizen?       Yes                       No  
If no, are you a legal permanent resident?       Yes                       No

**Home Address**

Rent                       Own

Is the physical address the mailing address?       Yes                       No                      If no, specify below.  
Street: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address:  
Street: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Personal Net Income (per month)****Personal Expenses (per month)**

Monthly Take-home from Business	\$	Food and Clothing	\$
Spouse's Income	\$	Utilities	\$
Applicant's Employment Income	\$	Education and Childcare	\$
Any Other Income	\$	Vehicle and Other Loans	\$
		Credit Cards	\$
		Insurance, Gasoline, Misc.	\$
		Home Rent or Mortgage	\$
		Child Support/Alimony	\$
		Other	\$
<b>Total Income</b>	\$	<b>Total Expenses</b>	\$

**Do you have a bank account?**     Yes     No    If yes, please specify below.

Account Type:     Checking     Savings     Both

Purpose of Account:     Personal     Business     Both

**Optional Information**

**Are you or your spouse a veteran:**     Yes     No    **Gender:**     Male     Female

**Ethnic Background:**

American Indian or Alaska Native     Asian     White     Hispanic or Latino

Black or African American     Native Hawaiian or Pacific Islander

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

**Marital Status:**     Single     Married     Divorced

**Number in Household:** \_\_\_\_\_

**Do you have any credit issues you would like to disclose?**     Yes     No    If yes, please specify below.

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**Has this business or a business you owned or any of the principals ever filed bankruptcy or defaulted on any debt?**

Yes     No

**Have you ever voluntarily surrendered or had vehicle or any other item repossessed?**     Yes     No

**Co-Applicant Information (Everyone that owns 20% or more must co-apply)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Title: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Are you a U.S. citizen?     Yes     No

If no, are you a legal permanent resident?     Yes     No

**Home Address**

Rent       Own

Is the physical address the mailing address?       Yes       No      If no, specify below.

Street: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Personal Net Income (per month)**

**Personal Expenses (per month)**

Monthly Take-home from Business	\$	Food and Clothing	\$
Spouse's Income	\$	Utilities	\$
Applicant's Employment Income	\$	Education and Childcare	\$
Any Other Income	\$	Vehicle and Other Loans	\$
		Credit Cards	\$
		Insurance, Gasoline, Misc.	\$
		Home Rent or Mortgage	\$
		Child Support/Alimony	\$
		Other	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>

**Do you have a bank account?**       Yes       No      If yes, please specify below.

Account Type:       Checking       Savings       Both

Purpose of Account:       Personal       Business       Both

**Optional Information**

**Are you or your spouse a veteran:**       Yes       No      **Gender:**       Male       Female

**Ethnic Background:**

American Indian or Alaska Native       Asian       White       Hispanic or Latino

Black or African American       Native Hawaiian or Pacific Islander

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

**Marital Status:**       Single       Married       Divorced

**Number in Household:** \_\_\_\_\_

**Do you have any credit issues you would like to disclose?**       Yes       No      If yes, please specify below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has this business or a business you owned or any of the principals ever filed bankruptcy or defaulted on any debt?**

Yes       No

**Have you ever voluntarily surrendered or had vehicle or any other item repossessed?**       Yes       No

**Current Employees**

Number of full-time employees: \_\_\_\_\_

Number of part-time employees: \_\_\_\_\_

**Future Employees**

Number of full-time employees in 1 to 2 years: \_\_\_\_\_

Number of part-time employees in 1 to 2 years: \_\_\_\_\_

I attest that all of the information on this application is true. I authorize Fresno CDFI (dba Access Plus Capital) to investigate and verify the above information, and contact any references regarding this application. I also authorize Fresno CDFI 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 Fresno CDFI, 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 Fresno CDFI will retain this application whether the loan is approved or denied and that I can appeal Fresno CDFI's decision if the loan is denied.

**Signature of Applicant:** \_\_\_\_\_

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

**Signature of Co- Applicant:** \_\_\_\_\_

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

**EQUAL CREDIT OPPORTUNITY ACT**

Fresno CDFI (dba Access Plus Capital) is an Equal Credit Opportunity lender. If we take adverse action on your application for credit, you have the right to a statement of specific reasons as to why we took such adverse action within 30 days if you request the statement within 60 days of our notification. You may contact Fresno CDFI at 559 263-1351 or by mail to 1920 Mariposa Mall, Ste. 320, Fresno, CA 93721 to obtain the statement of reasons. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided 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 Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers Fresno CDFI's compliance with the Equal Credit Opportunity Act.