

**PHILLIPS AREA MICRO-LOAN PROGRAM  
MINI MICRO-LOAN APPLICATION**

Please fill out application, attach the documents listed below and mail/deliver to:

**The Phillips Area Micro-Loan Program  
Phillips Town Office  
15 Russell St  
Phillips, ME 04966  
(207) 639-3561**

Checklist of documents to include with the submission:

- **Fully completed and signed loan application**
- **Credit Report(s)** obtained by the applicant from any one of the three major credit agencies. Such report(s) must include all parties to the proposed loan. Free credit reports may be obtained from [www.annualcreditreport.com](http://www.annualcreditreport.com).
- **If possible, we request that the applicant supply SEVEN(7) COPIES of the application and one copy of the credit report when submitting the Application**

**LOAN APPLICATION  
FOR A MINI MICRO-LOAN  
FROM THE PHILLIPS MICRO-LOAN PROGRAM**

The following information is submitted as part of my/our application for a business loan from the Phillips Area Micro-Loan Program.

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

***I. Applicant and Business Information:***

Owner/Applicant: \_\_\_\_\_

Physical Address of Applicant: \_\_\_\_\_

Town, State Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_

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

Owner SS#: \_\_\_\_\_

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

Physical Address of Business: \_\_\_\_\_

Town/County/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

Tax ID # of Business: \_\_\_\_\_

Type of Business:     Sole Proprietor     Partnership  
                           Corporation             S Corporation  
                           LLC                     Other: \_\_\_\_\_

Date established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Current number of employees (including principals): Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Number of jobs created/retained due to this financing: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**II. Loan Amount and Reason**

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

Description of the business and the reason for this loan application. This should be a detailed description of the business, the need for and expected use of the funds and the method of repaying the loan. Use additional pages if necessary.

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**III. Collateral (if any – See guidelines)**

Describe the machinery, equipment, or real estate or other item(s) offered as collateral or security for this loan.

Type                      Description                      Owned by              Age      Market Value      Loans Against

**IV. Debts (use additional sheets if necessary)**

Debts of the Business:

	Acct	Original	Date of	Rate of	Maturity	Monthly	Current
Payable to:	#	Amount	Loan	Interest	Date	Payment	Amount

Personal Debts of the Applicant (personal loans, car loans, mortgages, etc. For credit cards complete next section):

	Acct	Original	Date of	Rate of	Maturity	Monthly	Current
Payable to:	#	Amount	Loan	Interest	Date	Payment	Amount

Credit Card balances of the Applicant:

Card Name	Acct #	Balance	Monthly Payment
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**V. Budget/Cash Flow Exhibit (include both personal and business and check appropriate column)**

Current Average Household Monthly Income:		From <u>Personal</u>	From <u>Business</u>	From <u>Both</u>
Take Home Wages	_____	___	___	___
Other income from business	_____	___	___	___
Federal or State payments	_____	___	___	___
Alimony/Child Support	_____	___	___	___
Investments	_____	___	___	___
Other: _____	_____	___	___	___
<b>TOTAL AVERAGE MONTHLY INCOME:</b>	_____			

Current Average Household Monthly Expenses:		For <u>Personal</u>	For <u>Business</u>	For <u>Both</u>
<b>Home/Business</b>				
Mortgage or Rent	_____	___	___	___
Homeowners/Renters Insurance	_____	___	___	___
Property Taxes	_____	___	___	___
Home/Business Maintenance/Repairs	_____	___	___	___
<b>Utilities</b>				
Electric	_____	___	___	___
Phone (Land line & Cell)	_____	___	___	___
Pprpane/Oil/Kerosene/Wood	_____	___	___	___
Water	_____	___	___	___
<b>Family Obligations</b>				
Alimony/Child Support	_____	___	___	___
Day Care/Babysitting	_____	___	___	___
Food/Groceries	_____	___	___	___
<b>Health/Medical</b>				
Insurance (life, health)	_____	___	___	___
Medical Expenses	_____	___	___	___
<b>Transportation</b>				
Car Payments	_____	___	___	___
Car Expenses (gas, oil, repairs)	_____	___	___	___
Car Insurance	_____	___	___	___
<b>Debts</b>				
Credit cards	_____	___	___	___
Other Loans/Debt payments	_____	___	___	___
<b>Entertainment</b>				
Vacations	_____	___	___	___
Entertainment, Hobbies	_____	___	___	___
Cable, Internet	_____	___	___	___
<b>Other:</b>				
Clothing	_____	___	___	___
Gifts	_____	___	___	___
Investments, Retirement Funds	_____	___	___	___
Pets: Food, Medical, Vets	_____	___	___	___
_____	_____	___	___	___
<b>TOTAL MONTHLY EXPENSES:</b>	_____			

**VI. References**

List two credit references and two personal references:

	<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Account#</u>
Credit:				
1.	_____			
2.	_____			
Personal:				
1.	_____			
2.	_____			

**VII. Miscellaneous**

- a. Are there any pending litigation, governmental proceedings, or consent orders against you, other partners or owners, or your business?  Yes  No If yes, attach description.
- b. Have you, your partners or owners, or your company ever filed bankruptcy?  Yes  No If yes, attach description including type of bankruptcy and current status. If discharged, indicate when.

I understand the Micro-Loan Review Committee is the only power authorized to approve my financing request and that I can rely only upon written evidence that this same Committee has approved my request. Any other communications are preliminary in nature and do not, in any way, constitute a commitment to lend.

I authorize the Committee to make such inquiries and credit checks as the Committee deems necessary and appropriate to verify the accuracy and creditworthiness of this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: USC Title 18, Sec. 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified, or makes any false, fictitious or fraudulent statements, or makes or uses and false writing or document knowing the same to contain false, fictitious or fraudulent statement of entry, shall be fined not more that \$10,000 or imprisoned not more than five years, or both."

I certify that the information on this application and related data submitted are true and correct to the best of my knowledge, that I am authorized to sign this application on behalf of this business, and hereby wish to apply for the Micro-Loan amount indicated in II. above.

Authorized Applicant(s): \_\_\_\_\_

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

If Corporation:

Corporation Name: \_\_\_\_\_

By: \_\_\_\_\_, Title: \_\_\_\_\_

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