Internal Use Only: Octopia #
Loan Inquiry #



C O M M U N I T Y T E A M W O R K

MERRIMACK VALLEY SMALL BUSINESS CENTER MICROLOAN PROGRAM — LOAN INQUIRY FORM

Date:	/	/	<i>'</i>

Please complete the following form to help us determine your eligibility for our loan program & provide you with appropriate recommendations and referrals to help you start, grow or finance your business. If you are deemed eligible, a loan officer will contact you to begin the loan application process.

Submit To: Merrimack Valley Small Business Center, Microloan Program, 88 Middle St., Suite 202, Lowell, MA 01852

·							
Pe	rsona	l Infor	matio	n (Primary Applicant)			
First Name, Last Name			Home Phone				
Street Address							
City, State, Zip			E-mail				
Date of Birth / / Gender Male Female			Household Size + =				
Social Security #			(Include Yourself) # of Adults 18+ # of Children Total				
Race (Optional)			Marital Status Married Single Divorced Other				
White Black or African-American				Ave you a veteran? Yes No No			
Asian American Indian or Alaska Native			Are you a veteran? Yes No				
Native Hawaiian/Pacific Islander Othe				Do you have a documented disability? Yes	No		
Tracive Hawanany Lacine Islander Strice	-'			Current Employment Status (check all that ap	ply)		
Ethnicity (Optional) Hispanic Origin N	lon-His	panic	Origin	Full-time self-employed (at least 35 hrs/wl	()		
Do you describe yourself as an immigrant to	tha II 9			Part-time self-employed (less than 35 hrs/	wk)		
Yes No Country of origin				Full-time employed (at least 35 hrs/wk)			
				Part-time employed (less than 35 hrs/wk)			
US Entry Date Are you a US citize	n? Yes	S∐ NC	рШ	Unemployed			
Household Monthly Income (Include Spouse,	if appl	licable)	Highest Level of Education Completed			
Self-Employment \$				\square 8 th Grade (-9 yr) \square 12 th Grade/non-graduate (-13 yr)			
Other Employment \$				☐ Diploma/GED (13 yr) ☐ 12 Plus some post (+13 yr)			
Other \$			2-yr college degree (15 yr) 4-yr college		-	r)	
Total \$			_	uegree	: (± / y i	')	
Master's degree or above (+18 yrs)							
C	ommı	unity 1	Геатw	ork Pre-Assessment			
As a program of Community Teamwork, we are required t	to ask th	e follow	ing ques	tions to help us determine if you may benefit from other Cor	nmunity	Teamw	ork
				ices or refer you to a different agency for assistance. In some			ıy not
information with us:	nese que	escioris v	viii neip u	is develop those critical services in the future. Thank you for	Siluiling	LIIIS	
,	Yes	No	N/A		Yes	No	N/A
Are you currently behind on your rent or mortgage?				Is transportation a problem for you or anyone in your family?			
Are you in danger of being foreclosed on or				Does anyone in your household need help			
evicted?				finding a job?			
Are you homeless?				Would anyone in your household be interested			
Do you think your housing poses a health risk?				in gaining new job skills? Does everyone in your household have health			
Are you currently behind on your heating or			insurance?				
utility bills? Do you have enough food right now to feed		Can everyone in your family get the health care					
yourself and your family?			they need?				
Do you need help finding or paying for Child				Is anyone in your household pregnant?			
Care?				Does anyone in your life ever frighten,			
Does any adult in your household need help			intimidate or try to control you or others in your family?				
obtaining a high school diploma or GED?	-			-			-
Does any adult in your household need help improving their English language skills?			Are you worried about the safety of anyone in your family today?				

Business Information					
Business Name	Is your business a non-profit? Yes No				
Street Address	Which industry best describes your business?				
City, State, Zip	Arts Business Services				
Business Phone(s)	☐ Child Care ☐ Cleaning Services				
Business E-mail	Food Clothing/Accessories				
Business Website	☐ Home furnishings ☐ Health Services				
EIN #*DUNS #	Personal/Beauty Travel/Tourism				
*f you do not know your DUNS #, call 1-866-705-5711. This is a FREE service.	Other				
Is your business open?	What is your business sector?				
	Manufacturing Retail				
When did/will you open your business and start making sales?	Service Other				
Average monthly gross sales: \$ N/A	Is your business part of a franchise? Yes No				
Is your business currently profitable? Yes No N/A	FRUNS# Note: Some franchises may not be eligible for				
What is/will be the legal structure of your business?	funding.				
Sole proprietorship					
Partnership					
Limited Liability Company (LLC)					
C-Corporation					
S-Corporation					
Proposed Loan Request					
Loan Amount Requested: \$50,000	is the maximum loan request considered.				
(Requests over \$20,000 require proof of bank loan denial.)					
How do you intend to use the loan funds? Please be as detailed as poss	ible. Funds cannot be used for the purchase of				
motor vehicles or real estate. Other exceptions may apply—Pre-Inquiry Questions & Basic Qualifications Fact Sheet.					
Have you ever applied for a business loan with the MVSBC before?	s No If Yes, when?				
If Yes, was your loan approved? Yes No Date:	Expected Payoff Date:				
Loan Amount: \$ Loan Principle Balance: \$ H					
Have you ever applied for a business loan before? Yes No If YES,	with what bank?				
If Yes, was your loan approved? Yes No Date:	Expected Payoff Date:				
Loan Amount: \$ Loan Principle Balance: \$ H	ave you ever missed payments?				
**Have you been DENIED a bank loan in the past 6 months? (REQUIRED)	Yes No Please attach proof of denial.				
Would you describe your personal credit history as Excellent, Good, Fair,	Poor, or Very Poor?				
Would you describe your business credit history as Excellent, Good, Fair,					
How did you learn about us?					
In addition to financing, what other business services you are intereste and training programs are FREE and REQUIRED for loan program participan					

Pre-Assessment						
Consider each statement. If it applies to you, check Agree; if it does not, check Disagree**.	Agree	Disagree				
I operate my business within Middlesex or Essex county. If no, your business is not eligible.						
I am at least 18 years of age.						
I have NOT been in foreclosure in the last 24 months.						
I have NOT had any late rent or mortgage payments in the past 12 months.						
I have been discharged from bankruptcy for over 12 months (or have never declared bankruptcy).						
I am NOT involved in any pending lawsuits.						
NONE of the associates of my business, including myself, are presently under indictment, on parole or probation for a felony or crime of moral turpitude. <i>CORI Check May Be Conducted</i> .						
I have NEVER been charged with, convicted of, put on probation or adjudication, placed on pretrial diversion, or arrested for any criminal offense other than a minor motor vehicle violation (including offenses which have been dismissed, discharged, or nolle prosequi). <i>CORI Check May Be Conducted</i> .						
NONE of the associates of my business, including myself, are over 60 days delinquent in child support.						
My business does NOT principally engage in teaching, counseling, or indoctrinating religious beliefs.						
My business does NOT present live performances of a prurient sexual nature, nor does it derive more than 5% of gross revenue through the sale of products or services or the presentation of any depictions or displays of a prurient sexual nature.						
My business does NOT derive more than 1/3 of its gross annual revenue from legal gambling activities.						
My business does NOT engage in political or lobbying activities.						
My business is NOT a government-owned entity.						
My business is NOT primarily engaged in the business of lending, including pawn shops.						
My business does NOT limit membership for any reason other than capacity.						
My business is NOT a pyramid/multi-level marketing sale distribution company.						
NONE of the associates of my business, including myself, are undocumented (illegal) aliens.						
I am up-to-date on all of my bills (both personal and business).						
I have tried to get a business loan at my bank but have been unsuccessful. Proof of denial is required.						
I can show that I will have the cash flow to be able to make my monthly loan payments.						
I have a written business plan and a 12 month cash flow projection.						
If approved, I am willing to provide financial reports to the MVSBC until my loan is paid in full.						
I understand collateral and/or a cosigner may be required for MVSBC loan products.						
I understand I will be required to receive assistance with the MVSBC throughout the life of the loan.						
I am up-to-date on all personal and business tax obligations (federal, state, and city).						
I have a personal bank account.						
I have personal insurance coverage.						
I have business insurance coverage.						
My current personal income exceeds my current personal expenses.						
I feel confident that my personal finances are in order.						
I would describe my credit history as satisfactory.						
I keep my personal and business finances separate.						
I utilize business accounting software. If Yes, which one?						
I have a business bank account. If Yes, with what bank or credit union?						
My business is registered with the city in which it operates (i.e. I have a business certificate).						
If Yes, which city? When does the certificate expire?						
I meet with an accountant at least quarterly to discuss the financial health of my business.	ιШ					

^{**}Please provide detailed, written explanation of any "Disagree" responses on a separate sheet.

Service Agreements & Disclosures

DISCLAIMER

All Services and Documents are provided by Community Teamwork Inc.'s Merrimack Valley Small Business Center ("MVSBC") on an "as is" and "as available" basis without any express or implied warranties, representations, or guarantees of any kind, including, but not limited to, any of merchantability, fitness for a particular purpose, title or non-infringement, or arising from course of dealing, trade, or performance.

LIMITATION OF LIABILITY

Neither MVSBC nor its employees or directors (the "MVSBC Parties") shall be liable for any special, indirect, consequential, incidental, punitive or exemplary damage. In no event shall MVSBC liability to the client, even for direct damages, exceed \$100. The client must bring any claim against the MVSBC Parties within one (1) year of the event giving rise to the client's cause of action, and failure to do so nullifies the claim.

FOLLOW-UP SURVEYS

MVSBC collects follow-up information from clients to learn more about the economic, business and employment experiences of clients. I agree, as an active client, to provide certain information to MVSBC on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will be shared in a trustworthy manner.

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MARKETING The MVSBC has my permission to use business images and basic information for marketing purposes. Marketing may include e-news spotlights, website listings, and social media posts. YES NO
ENEWS I agree to allow the MVSBC to add my name and e-mail address to the e-news list so that I can receive important updates via e-mail. YES NO
Loan Agreements & Disclosures
Eddit / Breeliiette & Diocidaties
I authorize the Merrimack Valley Small Business Center (MVSBC) to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I authorize the MVSBC to check my credit history and tax liabilities and to answer inquiries regarding my credit history/tax liabilities.
I agree to notify the MVSBC if there are any material changes in the information disclosed in this form or any accompanying statements.
I understand I will be working closely with the MVSBC and will be required to receive a minimum of 5 hours of technical assistance before my application is reviewed and, if approved, additional technical assistance throughout the life of the loan. *Initial:
Everything that has been stated on this form is correct to the best of my knowledge. I understand that the MVSBC will retain this inquiry, whether or not it develops into a formal application, for a period of at least five years from the date of signature.
The information you provide in this application will be held as strictly confidential. This inquiry will cease to be valid 60 days after the submission date.
THIS FORM IS REVIEWED SOLELY TO DETERMINE ELIGIBILITY FOR THE MVSBC MICROLOAN PROGRAM. THIS FORM IS <u>NOT</u> AN APPLICATION FOR FINANCING.
Signature Date
A Loan Processor will review the information provided in this inquiry to determine eligibility & will then contact you to schedule

Submit Completed Inquiry Form & Attachments To:

your initial appointment.

Merrimack Valley Small Business Center, Microloan Program, 88 Middle Street, Suite 202, Lowell, MA 01852

For Office Use Only

Reviewed By: ___

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United States of America

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must

Name and Address of Applicant (Firm Na 1. Personal Statement of: (State name i	n full, if no middle name, st	IAL HISTORY I ZIP Code) ate (NMN), or if initial	submit this form and where to subm SBA's Answer Desk at 1-800-U-ASK-website at www.sba.gov. DO NOT Sthis will delay the processing of you provided by your lender or SBA rep SBA District/Disaster Area Office Amount Applied for (when applicable) 2. Give the percentage of ownership or sto	SBA (1-800-8 SEND COMPI ur applicatio presentative. File No. (if kno	327-5722), or check SBA's LETED FORMS TO OMB as n; send forms to the address
only, indicate initial.) List all former n Use separate sheet if necessary.			or to be owned in the small business or development company	the	
First Middl	е	Last	3. Date of Birth (Month, day, and year)		
			4. Place of Birth: (City & State or Foreign	Country)	
Name and Address of participating lende	er or surety co. (when appli	cable and known)	5. U.S. Citizen? YES NO If No, are you a Lawful Permanent resident alien: If non- U.S. citizen provide alien registration	NO number:	IITIALS:
6. Present residence address:			Most recent prior address (omit if over 10	years ago):	
From:			From:		
To: Address:			To: Address:		
Home Telephone No. (Include Area Code): Business Telephone No. (Include Area Code):					
PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION. YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9. IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.					
7. Are you presently subject to an indict	ment, criminal information,	arraignment, or other r	neans by which formal criminal charges are	brought in any	jurisdiction?
Yes No		INITIALS:			
8. Have you been arrested in the past s	ix months for any criminal	offense?			
Yes No		INITIALS:			
9. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment). Yes No INITIALS:					
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.					
significant civil penalties, and a denial of more than five years and/or a fine of up to	your loan, surety bond, or o \$250,000; under 15 USC	ther program participal 645 by imprisonment o	nt on this form is a violation of Federal law a tion. A false statement is punishable under f not more than two years and/or a fine of n ears and/or a fine of not more than \$1,000,0	18 USC 1001 a ot more than \$	and 3571 by imprisonment of not
Signature		Title			Date
Agency Use Only					
11. Fingerprints Waived	Date Approx	ving Authority	12. Cleared for Processing	Date	Approving Authority
Fingerprints Required	турго турго	g / wattority	13. Request a Character Evaluation	Date	Approving Authority
	Date Approx	ving Authority	(Required whenever 7, 8 or 9 are answe		
			required to respond to any collection of information	unless it displays	s a currently valid OMB

approval number. It you wish to submit commens on the burden for completing this form, direct these comments to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. DO NOT SEND COMPLETED FORMS TO OMB as this will delay the processing of your application; send forms to the address provided by your lender or SBA representative.

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636 (a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that it is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act,15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When the information collected on this form indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 74 Fed. Reg. 14890 (2009) for other published routine uses.

APPENDIX C

SELF-DECLARATION OF INCOME REPORT / FY2015-16

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMSENT

<u>PA</u>	RTICIPANT INFORMA	ATION		
I. PARTICIPANT STATUS:	FAMILY INI	DIVIDUAL		
Participant Name:				
Address:	City, State, Zi	p Code:		
2. ETHNICITY (please select only one): Hispanic or Latino		☐ Not Hispanic or L	atino	
 B. RACE (please select only one): White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander 	Asian <i>and</i> White Black/African Ame American Indian/A	laskan Native <i>and</i> Blac	-	
1) Circle the number of family and non-family members living in your household below. 2) Circle the corresponding income level. (FY2015-16 Median Family Income) – Effective May 11, 2015				
Household #1	#2	#3	#4	

Household	#1	#2	#3	#4
Size	(0% - 30%)	(31% - 50%)	(51% - 80%)	(81% and above)
1	\$0-\$20,200	\$20,201-\$33,600	\$33,601-\$46,100	\$46,101+
2	\$0-\$23,050	\$23,051-\$38,400	\$38,401-\$52,650	\$52,651+
3	\$0-\$25,950	\$25,951-\$43,200	\$43,201-\$59,250	\$59,251+
4	\$0-\$28,800	\$28,801-\$48,000	\$48,001-\$65,800	\$65,801+
5	\$0-\$31,150	\$31,151-\$51,850	\$51,851-\$71,100	\$71,101+
6	\$0-\$33,450	\$33,451-\$55,700	\$55,701-\$76,350	\$76,351+
7	\$0-\$36,730	\$36,731-\$59,550	\$59,551-\$81,600	\$81,601+
8	\$0-\$40,890	\$40,891-\$63,400	\$63,401-\$86,900	\$86,901+

I ce	I certify the above information is true and correct to the best of my knowledge.					
	8		\$0-\$40,890	\$40,891-\$63,400	\$63,401-\$86,900	\$86,901+



Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Business Name	
Date	By Name and Title of Authorized Representative
	Signature of Authorized Representative

INSTRUCTIONS FOR CERTIFICATION

- By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations (13CFR Part 145).
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.