



# MERRIMACK VALLEY SMALL BUSINESS CENTER MICROLOAN PROGRAM – LOAN INQUIRY FORM

Internal Use Only: Octopia # \_\_\_\_\_

Loan Inquiry # \_\_\_\_\_

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

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**

## Personal Information (Primary Applicant)

First Name, Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**Date of Birth** \_\_ / \_\_ / \_\_ **Gender** Male  Female

**Social Security #** \_\_\_\_\_

### Race (Optional)

- White  Black or African-American  
 Asian  American Indian or Alaska Native  
 Native Hawaiian/Pacific Islander  Other: \_\_\_\_\_

**Ethnicity (Optional)**  Hispanic Origin  Non-Hispanic Origin

### Do you describe yourself as an immigrant to the U.S.?

Yes  No  Country of origin \_\_\_\_\_

US Entry Date \_\_\_\_\_ Are you a US citizen? Yes  No

### Household Monthly Income (Include Spouse, if applicable)

Self-Employment	\$
Other Employment	\$
Other _____	\$
<b>Total</b>	<b>\$</b>

**Household Size** \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 (Include Yourself) # of Adults 18+ # of Children Total

**Marital Status**  Married  Single  Divorced  Other

**Are you a veteran?** Yes  No

**Do you have a documented disability?** Yes  No

### Current Employment Status (check all that apply)

- Full-time self-employed (at least 35 hrs/wk)  
 Part-time self-employed (less than 35 hrs/wk)  
 Full-time employed (at least 35 hrs/wk)  
 Part-time employed (less than 35 hrs/wk)  
 Unemployed

### Highest Level of Education Completed

- 8<sup>th</sup> Grade (-9 yr)  12<sup>th</sup> Grade/non-graduate (-13 yr)  
 Diploma/GED (13 yr)  12 plus some post (+13 yr)  
 2-yr college degree (15 yr)  4-yr college degree (17 yr)  
 Master's degree or above (+18 yrs)

## Community Teamwork Pre-Assessment

As a program of Community Teamwork, we are required to ask the following questions to help us determine if you may benefit from other Community Teamwork programs. Depending upon your needs, we may be able to provide additional services or refer you to a different agency for assistance. In some cases, there may not yet be services in place to help you, but your answers to these questions will help us develop those critical services in the future. Thank you for sharing this information with us:

	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 evicted?				Does anyone in your household need help finding a job?			
Are you homeless?				Would anyone in your household be interested in gaining new job skills?			
Do you think your housing poses a health risk?				Does everyone in your household have health insurance?			
Are you currently behind on your heating or utility bills?				Can everyone in your family get the health care they need?			
Do you have enough food right now to feed yourself and your family?				Is anyone in your household pregnant?			
Do you need help finding or paying for Child Care?				Does anyone in your life ever frighten, intimidate or try to control you or others in your family?			
Does any adult in your household need help obtaining a high school diploma or GED?				Are you worried about the safety of anyone in your family today?			
Does any adult in your household need help improving their English language skills?							

**Business Information**

Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Business Phone(s) \_\_\_\_\_  
Business E-mail \_\_\_\_\_  
Business Website \_\_\_\_\_  
EIN # \_\_\_\_\_ \*DUNS # \_\_\_\_\_

*\*if you do not know your DUNS #, call 1-866-705-5711. This is a FREE service.*

Is your business open?  Yes  No

When did/will you open your business and start making sales? \_\_\_\_\_

Average monthly gross sales: \$ \_\_\_\_\_  N/A

Is your business currently profitable?  Yes  No  N/A

What is/will be the legal structure of your business?

- Sole proprietorship
- Partnership
- Limited Liability Company (LLC)
- C-Corporation
- S-Corporation

Is your business a non-profit? Yes  No

Which industry best describes your business?

- Arts  Business Services
- Child Care  Cleaning Services
- Food  Clothing/Accessories
- Home furnishings  Health Services
- Personal/Beauty  Travel/Tourism
- Other \_\_\_\_\_

What is your business sector?

- Manufacturing  Retail
- Service  Other \_\_\_\_\_

Is your business part of a franchise? Yes  No

FRUNS# \_\_\_\_\_

*Note: Some franchises may not be eligible for funding.*

**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 possible. 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? Yes  No  If Yes, when? \_\_\_\_\_

If Yes, was your loan approved? Yes  No  Date: \_\_\_\_\_ Expected Payoff Date: \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_ Loan Principle Balance: \$ \_\_\_\_\_ Have you ever missed payments? \_\_\_\_\_

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: \$ \_\_\_\_\_ Have 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, Poor, or Very Poor? \_\_\_\_\_ n/a \_\_\_\_\_

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

In addition to financing, what other business services you are interested in discussing? (All MVSBC services, classes, and training programs are FREE and REQUIRED for loan program participants.)

**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. <i>If no, your business is not eligible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
I am at least 18 years of age.	<input type="checkbox"/>	<input type="checkbox"/>
I have <b>NOT</b> been in foreclosure in the last 24 months.	<input type="checkbox"/>	<input type="checkbox"/>
I have <b>NOT</b> had any late rent or mortgage payments in the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
I have been discharged from bankruptcy for over 12 months (or have never declared bankruptcy).	<input type="checkbox"/>	<input type="checkbox"/>
I am <b>NOT</b> involved in any pending lawsuits.	<input type="checkbox"/>	<input type="checkbox"/>
<b>NONE</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
I have <b>NEVER</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NONE</b> of the associates of my business, including myself, are over 60 days delinquent in child support.	<input type="checkbox"/>	<input type="checkbox"/>
My business does <b>NOT</b> principally engage in teaching, counseling, or indoctrinating religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
My business does <b>NOT</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>
My business does <b>NOT</b> derive more than 1/3 of its gross annual revenue from legal gambling activities.	<input type="checkbox"/>	<input type="checkbox"/>
My business does <b>NOT</b> engage in political or lobbying activities.	<input type="checkbox"/>	<input type="checkbox"/>
My business is <b>NOT</b> a government-owned entity.	<input type="checkbox"/>	<input type="checkbox"/>
My business is <b>NOT</b> primarily engaged in the business of lending, including pawn shops.	<input type="checkbox"/>	<input type="checkbox"/>
My business does <b>NOT</b> limit membership for any reason other than capacity.	<input type="checkbox"/>	<input type="checkbox"/>
My business is <b>NOT</b> a pyramid/multi-level marketing sale distribution company.	<input type="checkbox"/>	<input type="checkbox"/>
<b>NONE</b> of the associates of my business, including myself, are undocumented (illegal) aliens.	<input type="checkbox"/>	<input type="checkbox"/>
I am up-to-date on all of my bills (both personal and business).	<input type="checkbox"/>	<input type="checkbox"/>
I have tried to get a business loan at my bank but have been unsuccessful. <i>Proof of denial is required.</i>	<input type="checkbox"/>	<input type="checkbox"/>
I can show that I will have the cash flow to be able to make my monthly loan payments.	<input type="checkbox"/>	<input type="checkbox"/>
I have a written business plan and a 12 month cash flow projection.	<input type="checkbox"/>	<input type="checkbox"/>
If approved, I am willing to provide financial reports to the MVSBC until my loan is paid in full.	<input type="checkbox"/>	<input type="checkbox"/>
I understand collateral and/or a cosigner may be required for MVSBC loan products.	<input type="checkbox"/>	<input type="checkbox"/>
I understand I will be required to receive assistance with the MVSBC throughout the life of the loan.	<input type="checkbox"/>	<input type="checkbox"/>
I am up-to-date on all personal and business tax obligations (federal, state, and city).	<input type="checkbox"/>	<input type="checkbox"/>
I have a personal bank account.	<input type="checkbox"/>	<input type="checkbox"/>
I have personal insurance coverage.	<input type="checkbox"/>	<input type="checkbox"/>
I have business insurance coverage.	<input type="checkbox"/>	<input type="checkbox"/>
My current personal income exceeds my current personal expenses.	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident that my personal finances are in order.	<input type="checkbox"/>	<input type="checkbox"/>
I would describe my credit history as satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>
I keep my personal and business finances separate.	<input type="checkbox"/>	<input type="checkbox"/>
I utilize business accounting software. <i>If Yes, which one?</i>	<input type="checkbox"/>	<input type="checkbox"/>
I have a business bank account. <i>If Yes, with what bank or credit union?</i>	<input type="checkbox"/>	<input type="checkbox"/>
My business is registered with the city in which it operates (i.e. I have a business certificate). <i>If Yes, which city? When does the certificate expire?</i>	<input type="checkbox"/>	<input type="checkbox"/>
I meet with an accountant at least quarterly to discuss the financial health of my business.	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*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.

### 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

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 NOT 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 your initial appointment.

Reviewed By: \_\_\_\_\_  
*For Office Use Only*

**Submit Completed Inquiry Form & Attachments To:**

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



## 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.





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

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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

1. 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.
3. 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.