



Small Business Loan Application

How did you hear about us? _____

CONTACT AND PERSONAL INFORMATION

Name: _____ SS# or ITIN: _____ Date of Birth: _____ Cell*: _____
Personal Email: _____ Business Email: _____ Business Phone: _____
Home Address: _____ City: _____ Zip Code: _____
What is your annual household income? \$ _____ How many people live in your home? _____

LOAN INFORMATION

How much do you need to borrow? \$ _____ How much can you afford to pay per month? \$ _____
How will you use the borrowed funds? _____

BUSINESS INFORMATION

Business Name: _____ Federal Tax ID#: _____
Business Address: _____ City: _____ Zip Code: _____
Business Website: _____
Date Business Established: _____ Legal Structure: Sole Proprietor LLC Partnership Corporation
Briefly describe products/services you provide: _____
How many people do you currently employ (including owner)? Full-time: (35 hrs/wk or more) _____ Part-time: _____
Do you have a lease? Yes No If yes, how long? _____ Landlord Name: _____ Landlord Phone: _____

PERSONAL REFERENCES (Not living with you)

Reference #1 Name: _____ Relationship: _____ Phone: _____
Reference #2 Name: _____ Relationship: _____ Phone: _____
Reference #3 Name: _____ Relationship: _____ Phone: _____

LOAN APPLICATION CERTIFICATION

The signer(s) certifies that he/she is authorized to execute this Application for the named business ("Applicant"), and that all information and documents submitted, are true, correct and complete. The signer(s) certifies that he/she has secured or applied for all applicable licenses or permits needed to conduct the named business. The signer(s) authorizes Opportunity Fund to obtain consumer and/or business reports in their names as individuals at any time. The signer(s) further agrees to notify Opportunity Fund promptly of any material change in any such information. The signer(s) authorizes Opportunity Fund to contact references and request criminal record information from criminal justice agencies for the purpose of determining eligibility. The signer(s) understands and agrees that this application is subject to final credit approval.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Customer Support at 866.299.8173 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

*The federal Equal Credit Opportunity Act prohibits creditors for 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 Opportunity Fund's compliance with the Equal Credit Opportunity Act. Loans will be made or arranged pursuant to California Department of Corporation's Finance Lenders License #6050609, 6054328, 6031633.

By giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or a text. Your phone plan charges may apply. You may contact us at any time to change these preferences.

Optional: Please check all that apply; this is for statistical purposes and will in no way affect your eligibility for this request.

U.S. Veteran **Citizenship Status** US Citizen Green Card
 Refugee/Asylee Tax ID Number

How many people do you plan to hire in the next 12 months? Full-time: _____ Part-time: _____

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that will allow us to identify you. What this means for you: When you apply for a loan, we will ask for your name, address, date of birth and other information. We may also ask to see your driver's license or other identifying documents.

Applicant Signature: _____ **Date:** _____

Financial Information (Business and Personal)

COLLATERAL

Please list below any commercial and personal vehicles you own:

	Make	Model	Year	Miles	Paid off?		Willing to pledge as collateral?	
Auto #1:	_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Auto #2:	_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Auto #3:	_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you own a home would you be willing to pledge as collateral? Yes No

If you own a home have you already used home equity to finance your business? Yes No

MONTHLY BUSINESS FINANCIALS

Current Monthly Business Sales	\$ _____
Current Monthly Cost of Goods	\$ _____
Current Monthly Business Expenses:	
Rent/Lease	\$ _____
Owners Salaries (W-2 only)	\$ _____
All Other Salaries/Benefits	\$ _____
All Other Expenses	\$ _____

BUSINESS DEBT (Please list all existing debt owed by the business.)

Business Debt (Total amount owed):	Amount	Business Debt Monthly Payments	Amount
Revolving (credit cards, lines of credit)	\$ _____	Revolving (credit cards, lines of credit)	\$ _____
Installment (vehicle loans, installment purchases)	\$ _____	Installment (vehicle loans, installment purchases)	\$ _____
Commercial Mortgage	\$ _____	Commercial Mortgage	\$ _____

PERSONAL FINANCIALS

Personal Income: (Please list how much you earn each month in the following income.)

Owner's Salary and/or Take Home From Business	\$ _____	
Other Job Income (after tax)	\$ _____	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Public Assistance [†] (i.e.: housing, food stamps, SS, etc.)	\$ _____	
Other Income [†] (i.e.: alimony, rental income, etc.)	\$ _____	

Personal Expenses: (Please list how much you spend each month in the following expenses.)

Rent	\$ _____
Transportation/Gas/Maintenance/Insurance	\$ _____
Bills (cell phone, gas, electricity, internet, cable, other)	\$ _____
Remittances	\$ _____
Other Expenses: _____	\$ _____

[†]Personal income sources need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

PERSONAL DEBT

Personal Debt (Total amount owed):	Amount	Personal Debt Monthly Payments	Amount
Revolving (credit cards, lines of credit)	\$ _____	Revolving (credit cards, lines of credit)	\$ _____
Installment (vehicle loans, installment purchases)	\$ _____	Installment (vehicle loans, installment purchases)	\$ _____
Mortgage and Home Equity Line of Credit	\$ _____	Mortgage and Home Equity Line of Credit	\$ _____