



# Loan Application

SBA Community Advantage  
SBA Intermediary Loan Program  
USDA Rural Loan Program  
Microloan Program

## COMPANY INFORMATION

Company name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Type of industry: \_\_\_\_\_ Date established: \_\_\_\_\_ Website: \_\_\_\_\_

Type of entity (check one):

Sole proprietorship     Partnership, # of partners \_\_\_\_\_     Corporation, years chartered \_\_\_\_\_     LLC     Trust

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Loan Program Business is Applying for (some loans restricted to certain states and areas):

SBA Community Advantage (WA, OR, AK, ID)     SBA Intermediary Loan Program (only in OR)  
 USDA Rural Loan Program (only in WA)     Microloan Program (WA), county business is located \_\_\_\_\_

## COMPANY OWNERSHIP

Owner #1

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Owner #2

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## NATURE OF THE BUSINESS

History of the Business:

Type of products or services (attach any catalogs or brochures):

Geographic market area:

List key customers:

List major competitors:

**PROJECT INFORMATION**

Briefly describe what the loan proceeds will be used for and how they will help your business:

Proposed Financing is for:  Existing Business  New Business  Purchase of an Existing Business  New Location for an Existing Business

Source of down payment/equity injection? (such as business or personal cash, home equity loan, etc.)

**PROJECT COSTS**

Project Costs	Owner Injection	Evergreen Loan	Other (specify)	Totals
Equipment				
Furniture & Fixtures				
Construction				
Inventory Purchases				
Working Capital				
Refinanced Debt				
Other:				
Other:				
Other:				
Totals				

**BUSINESS FINANCIALS**

Total Sales YTD \_\_\_\_\_  
 Net Profit \_\_\_\_\_ Number of Months \_\_\_\_\_

Previous Year Total Sales \_\_\_\_\_  
 Net Profit \_\_\_\_\_

**SUMMARY OF COLLATERAL**

List what type of collateral is available along with its estimated value:

**EMPLOYEE QUESTIONNAIRE**

Number of current employees, including yourself: \_\_\_\_\_

Do you anticipate a staff increase in the next 2 years?

No  If yes, how many employees total, including yourself, are you anticipating in 1 year? \_\_\_\_\_ 2 years? \_\_\_\_\_

**MISCELLANEOUS QUESTIONS**

Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings?  Yes  No  
 If yes, please provide copies of Discharge and all Schedules

Are you or your business involved in any pending or prior lawsuits?  Yes  No  
 If yes, please provide details on a separate sheet

Have you or your business ever received a government loan?  Yes  No  
 If yes, please complete the attached Previous Government Financing form and provide a copy of the Loan Authorization

Have you received any technical assistance within the last 12 months?  Yes  No  
 Technical assistance providers include SBDCs, SCORE, or other paid business advisors/consultants

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

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

Employees			
Ethnicity	Number	Male #	Female #
Hispanic or Latino			
Not Hispanic or Latino			
<b>Total</b>			
Race	Number	Male #	Female #
American Indian/Alaska Native			
Asian			
Black/ African American			
Native Hawaiian/ Pacific Islander			
White			
<b>Total</b>			
Male			
Female			
<b>Total</b>			

<b>Applicant #1</b> <input type="checkbox"/> I do not wish to furnish this information Race/National Origin (Select one or more) <input type="checkbox"/> American Indian or Alaska Native (not Alaskan) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Applicant #2</b> <input type="checkbox"/> I do not wish to furnish this information Race/National Origin (Select one or more) <input type="checkbox"/> American Indian or Alaska Native (not Alaskan) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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To be completed by Interviewer: This application was taken by:  <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's Name: _____	Name and Address of Interviewer's Employer  Evergreen Business Capital 13925 Interurban Ave S Suite 100 Seattle, WA 98168
	Interviewer's Signature _____	
	Date: _____	
	Interviewer's Phone Number: _____	

**AUTHORIZATION TO RELEASE INFORMATION**

I/We hereby authorize the release to Evergreen Business Capital/Evergreen Business Capital Community Finance of any information they may require at any time for any purpose related to my/our credit transactions with them.

I/We further authorize Evergreen Business Capital/Evergreen Business Capital Community Finance to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

1. Name of applicant(s): \_\_\_\_\_

Signature of applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

2. Name of applicant(s): \_\_\_\_\_

Signature of applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

3. Name of applicant(s): \_\_\_\_\_

Signature of applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

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