

MICRO LOAN APPLICATION PACKAGE

Thank you for considering the Beaufort County Black Chamber of Commerce for your small business loan. To assist us in processing your request in an efficient manner, we ask that you please submit a complete application package. If you require assistance in completing this application or related materials, please contact us at (843) 986-1102, X3.

Please submit your completed package to <u>lienkins@bcbcc.org</u>. If you are unable to submit your application by e-mail, you may send it to: Beaufort County Black Chamber of Commerce, ATT: Linda Jenkins, 801 Bladen Street, Beaufort, SC 29902.

NOTE: If you submit the application by e-mail, you must still print, sign, and mail the Ownership of Business and application to our office at the above-mentioned address.

LOAN APPLICATION GUIDELINES

A completed application includes: the application, business plan, and/or summary of operations and expansion plan. A business plan is required for businesses with less than three (3) years of operations and financials. A summary of operations and expansion plan is required for businesses with three (3) years of operations with positive cash flow.

LOAN PROCESS

- (1) Submit completed application along with all supporting documents and non-refundable application/origination fee.
- (2) Mandatory 8 weeks loan orientation; when applying for start-up or new company.
- (3) Loan Officer Review, which includes verification of references and collateral, credit worthiness check, and site visit.
- (4) Loan Review Committee's decision-making process.
- (5) Notification of Loan Review Committee's decision by Loan Officer.
- (6) Loan closing for disbursement of funds, if loan is approved.

LOAN TERMS

- I. Loan amounts are from \$5,000 to \$100,000. (Dependent on the type of business and individual qualifications.)
- II. Loans must be secured with guarantees of collateral and/or a co-signer.
- III. Loan repayment terms may be up to 10 years.
- IV. The \$750 application/origination fee is non-refundable.
- V. Interest rates are dependent on credit worthiness and are set between 7 \% % and 9 \% %.
- VI. All payments on loans are due at the first of each month, payments received after the 15th will be assessed a late fee equal to 5% of the monthly payment.
- VII. All legal fees incurred for collection or default of loans will be paid by the borrower.



REQ	UIRED DOCUMENTA	ATION (FOR A NEW BUSINESS)	REQ	UIRED DOCUMENTATION (FOR EXISTING BUSINESS)
>	Completed appli	cation	\	Completed application
>	\$750 non-refund	dable application/origination	>	\$750 non-refundable application/origination
	fee			fee
>	Business plan		>	Business expansion plan
>	Last 2 years of si	gned personal tax returns,	>	Last 2 years of signed personal tax returns,
	with all schedule	es (W-2, 1099, etc.)		with all schedules (W-2, 1099, etc.)
>	Interim business	financial statements (less	>	Last 2 years of signed business tax returns,
	than 90 days old)		with all schedules
>	2 years of finance	cial projections	>	Interim business financial statements (less
>	Personal resume			than 90 days old)
>	Certificate of ins	urance or quote	>	2 years of financial projections
>	Lease agreemen	t (does not have to be	>	Personal resume
	signed)		>	Certificate of insurance
>	Detailed use of lo	oan proceeds	>	Lease agreement
>	DBA, AOI, Partne	ership, LLC, operating	>	Detailed use of loan proceeds
	agreements, and	l ByLaws	>	DBA, AOI, Partnership, LLC, operating
>	Paystub showing	g YTD earnings dated within		agreements, and ByLaws
	45 days; if YTD is	s not shown, provide 2 most	>	Property tax bill or printout from the county
	recent consecuti	ve paystubs	>	Description of present or pending lawsuit(s) or
>	Franchise agreer	ment (if applicable)		bankruptcy
>	Additional inform	nation that will enhance	>	Franchise agreement
	loan proposal		>	Additional information that will enhance loan
>	Two most recent	t bank statements for all		proposal
	accounts		>	Two most recent bank statements for all
				accounts
DU	INS NUMBER			se include your DUNs letter, LLC letter, and
EI	N NUMBER		Cred	it Report with credit score.
S	CORE CLASS	DATE ATTENDED:		



APPLICATION DATE		LOAN	AMOUNT REQUE	STED			RECEIVED ON		
PERSONAL INFORMATION									
APPLICANT'S FULL NAME AND ADDRESS EMAIL									
		DATE C	OF BIRTH						
I attest, under penalty of perjury, th	at I am (check one of the follow	wing):			. SECURITY NUMBE	:R			
A citizen of the United States	A noncitizen national of the	e United Sta	ates		R'S LICENSE NUMBI				
A lawful permanent resident A alien authorized to work ur	(Alien Registration Number/US nitl (expiration date, if applicable	SCIS Numb le, mm/dd/y	er: y)		OU A VETERAN?		YES	NO	
HOME PHONE				MOBILE PHONE					
			BUSINESS INFO	DRMA [.]	TION				
BUSINESS NAME AND ADDRESS				WEBSIT					
				BUSINE	SS PHONE				
							LEGAL STRUCTURE		
					CORI	PORAT	ION SO	LE PROPRIETORSHIP	
EIN/FEDERAL ID NO									
DATE OF INCEPTION	O INCLUDE NUMBER OF EM	DI OVEEC /E	T. DT\. MAIN COLIDOTS O	F DEVENUE		SING AND			
BOSINESS DESCRIPTION (T	O INCLUDE NUMBER OF EMI	PLOTEES (F	ri, Fij, MAIN SOURCES O	FREVENO	E/EXPENSES/IVIAN	JINS ANL	WHETHER THIS IS AIN	IOIVIE-BASED BUSINESS)	
ARE YOU RENTING OR LEASING	? \	YES	NO	PROJEC	TED USE OF LOAN F	UNDS (EX	TEND DETAILS IN BUSINE	SS OR EXPANSION PLAN)	
IS BUSINESS LOCATION OWNED	BY BUSINESS?	YES	NO	WORKI	NG CAPITAL			USE TO DESCRIBE OTHER	
LANDLORD NAME AND ADDRES	SS			МАСНІ	NERY				
				EQUIPN	MENT				
				FURNIS					
				OTHER					
				OTHER	TOTAL				
OWNERS AND KEY PERSONNEL									
	FULL NAME			PERCEI	NT OWNERSHIP		ТІТ	.E	
HAS ANY PRINCIPAL OWNER FIL	ED BANKRUPTCY OR BEEN S	SUED IN TH	E LAST SEVEN YEARS?	Y	ES NO	(IF YE	ES, PLEASE EXPLAIN)		



BANKING AFFILIATION											
PERSONAL BANKING NAME AND ADDRESS					BUSINESS BANKING NAME AND ADDRESS						
PHONE NUMBER					PHONE NUN	/BFR					
THORE HOMBEN					RMATIC						
HAVE YOU APPLIED FOR BUSINESS	S CRED	OIT OR LOAN FUNDS BEFORE? (IF LC					ACH COPIES OF	2 DENIAL LETT	ERS) YES	NO	
IF LOAN REQUEST WAS UNDER \$2	0,000,	, WERE YOUR LOAN REQUEST DENI	ED?	YES	N	10					
UCCs/JUDGMENTS (SPECIFY IF AN	Y BIG/	SIGNIFICANT ITEMS)			CASH FLOWS						
					MONTHLY A	VERAG	E DEPOSITS				
					AVERAGE BA	ALANCE	ES				
					NUMBER OF	MONT	THLY DEPOSITS				
					NO. OF NSF,	/RETUR	NED ITEMS				
					DAYS OF NE	GATIVE	BALANCE				
					OTHER						
TAXES (IF SO. ATTACH CURRENT P	AYME	NT PLAN)			COMMENTS:	ARE CA	ASH FLOWS VOLA	TILE OR STABLE	? IS THE BUSINESS SEA	ASONAL/CYCLICAL?	
		DERS? DAILY PAYMENT? CURRENT I									
COLLA	TER				L ITEMS USED TO COLLATERALIZE THE LOAN) IND OR BUILDINGS)						
TYPE (DECIDENTIAL OR COMMEDIAL)		ADDRESS		VALUE		DEBT	1504	. OWNERSHIP	DUDGUAGE DATE	PURCHASE AMOUNT	
TYPE (RESIDENTIAL OR COMMERCIAL)		AUURESS	`	VALUE		DEBI	LEGA	OWNERSHIP	PURCHASE DATE	FORCHASE AWOONT	
				EQUIPM							
MODEL NUMBER		SERIAL NUMBER			BRAND		YEAR		DESCRIPTION		
				VEHICLI	E(S)						
MAKE/MODEI REGISTRATION				ODOMFTER		YFAR		INSURANCE			
ACCOUNTS RECEIVABLE					FURI	NITURE AND FI	CTURES (INCLU	JDE DESCRIPTION)			
от	HER C	OLLATERAL									



PROVIDE A LIST OF ALL PERSONAL ITEMS WORTH OVER \$500									
ITEM VALUE AND DESCRIPTION	VALUE								
TOTAL COLLATERAL									
WILL YOU BE USING A CO-SIGNER FOR THIS LOAN? YES NO IF YES, PROVIDE CO-SIGNGER INFORMATION BELOW.									
FULL NAME OF CO-SIGNER:									
Co-Signer Must: (a) Sign credit release, (b) complete with all schedules.	Complete personal finan	ce statement, (c) Provid	e current income tax	returns,					
HAVE YOU USED A CONSULTANT TO HELP	YOU PREPARE THIS APPL	ICATION? YES	NO						
CONSULTANT NAME AND ADDRESS		PHONE NUMBER							
		FEE PAID FOR SERVICE		FREE					
ARE YOU SIXTY (60) OR MORE DAYS DELIN	QUENT ON CHILD SUPPO	RT, IRS OBLIGATION, OR	STUDENT LOANS?	YES	NO				
ARE YOU PRESENTLY UNDER INDICTMENT	, ON PAROLE, OR ON PRO	DBATION?		YES	NO				
HAVE YOU EVER BEEN CHARGED WITH OR ARRESTEI	<u> </u>		E VIOLATIONS?)	YES	NO				
IF YES. PLEASE PROVIDE WRITTEN EXPLANTION									
The following information is requested by the Federal Government for certain types of loans related to a dwelling 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 not discriminate either on the basis of this information or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex under Federal regulations, this lender is required to note the information on basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the 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).									
I DO NOT WISH TO PROVIDE THE FOLL	OWING INFORMATION	OR ANSWER ANY OF	THE QUESTIONS BE	LOW.					
HISPANIC ORIGIN RACE									
NOT SPANISH/HISPANIC/LATINO	WHITE	BLACK OR AFRICAN	KOREAN	VIETNAMESE					
MEXICAN, MEXICAN AMERICAN, CHICANO	AMERICAN INDIAN OF	ALASKA NATIVE	OTHER ASIAN	NATIVE HAW	AIIAN				
PUERTO RICAN	ASIAN INDIAN CHINESE GUAMANIAN OR CHAMORRO								
CUBAN FILIPINO JAPANESE SAMOAN OTHER PACIFIC									
OTHER SPANISH/HISPANIC/LATINO			OTHER						
I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS	TRUE AND CORRECT.								
APPLICANT SIGNATURE			DATE						
APPLICANT SIGNATURE			DATE						
	FOR OFFICE US	E ONLY							
PROPOSED AMOUNT: TERMS(MONTHS):	RATE(APR): F	PROPOSED FEE STRUCTURE: U	IW FEE \$ ORIG F	EE %					



DETAILED PERSONAL INFORMATION											
APPLICANT'S NAME					MOBILE PHONI						
CURRENT ADDRESS					HOME PHONE						
CITY, STATE, ZIP					FROM (MM/DE	/	/	1	to Pr	esent	
IF RENTING, PLEASE PE	ROVIDE LANDLORD'S	CONTACT INFORMATION E	BELOW								
LANDLORD'S NAME					PHONE NUMBER						
LANDLORD'S ADDRI	ESS				CITY, STATE, ZII)					
PREVIOUS ADDRESS	;		FROM (MM/DL	D/YYYY)	/	/	to		/		
IF RENTING, PLEASE PR	ROVIDE LANDLORD'S	S CONTACT INFORMATION E	BELOW								
LANDLORD'S NAME					PHONE NUMBER						
LANDLORD'S ADDRI	ESS				CITY, STATE, ZI	P					
			EMPLOYM	ENT D	ETAIL						
CUI	RRENT EMPLOYE	R-NAME AND ADDRESS			PREVIO	US EMPLOYER-	NAME AN	ID ADDR	ESS		
PHONE NUMBER				PHONE	NUMBER						
SUPERVISOR'S NAM	1E			SUPERVISOR'S NAME							
EMPLOYMENT DATI	EMPLOYMENT DATES / / to / /			EMPLO	PLOYMENT DATES / / to / /						
	PRO	VIDE THE NAME, ADDRESS,	AND PHONE NUMBE	R OF THE	CLOSEST RELATIVE	NOT LIVING WIT	H YOU:				
NAME AND RELATION	ONSHIP				PHONE NUMBI	ER					
ADDRESS					CITY, STATE, ZII	Þ					
		PERSO	ONAL FINANC	IAL IN	FORMATION	l					
MARITAL STATUS		AVERAGE MONTHLY	LIVING EXPENSES			PERSONA	L EXPENS	ES			
HOUSEHOLD NO.		RENT/MTG		CLC	THING		MAIN	TENANCE			
AVERAGE MONTHL	Y INCOME(NET)	CAR		FOO	DD		PARKING			<u></u>	
YOUR WAGES*		HEAT		ME	DICAL/DENTAL		CAR PAYMENT			<u> </u>	
SPOUSE WAGES*		HOME		EDU	JCATION		GROCERY			<u> </u>	
OTHER INCOME*		ELECTRICITY		ME	ALS OUT	0.		OTHER DEBT			
TOTAL INCOME		LIFE/HEALTH INS		PRC	OF. FEES		OTHER	R DEBT			
LESS EXPENSES		WATER		GIF	GIFTS/DONATION		CHILD SUPPORT*				
TOTAL INCOME LESS EXPENSES		PHONE			ERTAINMENT			AL LIVING			
		TAXES			S/FARE		P	ERSONAL	EXP		
		REPAIRS			LD CARE						
		SELF-EMP TAXES			CATIONS			L EXPEN			
	y certify tha	t the above is a tri	ue and accura	te stat	ement of my	personal f	inancial	l inforr	natio	on:	
APPLICANT SIGNATURE						DA	ATE				
APPLICANT SIGNATURE						DA	ATE				
*Include supporting documents, i.e., paystubs, bank statements, child support orders, and all other proof of income or expenses											



Beaufort County Black Chamber of Commerce 801 Bladen Street, Beaufort, SC 29902 (843) 986-1102 • Fax (843) 737-9882

CREDIT RELEASE FORM

I/We certify that all the information contained in the attached application is true and includes a complete representation of all material facts as of this date. In addition, I/We give permission to the BCBCC, Present, Vice President, Loan Officer, Loan Review Committee, and/or staff to request and receive information required verifying employment, mortgages, deed of trust, checking and savings accounts, credit accounts, and all other information necessary to complete the application for this loan, including, but not limited to, maintenance of accounts.

APPLICANT(S) INFORMATION							
FULL NAME OF APPLICANT		FULL NAME OF CO-APPLICANT					
APPLICANT ADDRESS, CITY, STATE	, AND ZIP	CO-APPLICANT ADDRESS, CITY, ST	ATE, AND ZIP				
DATE OF BIRTH		DATE OF BIRTH					
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER					
PHONE NUMBER		PHONE NUMBER					
DRIVER'S LICENSE/ID NUMBER		DRIVER'S LICENSE/ID NUMBER					
APPLICANT SIGNATURE		CO-APPLICANT SIGNATURE					
	CO-SIGNER(S)	INFORMATION					
FULL NAME OF CO-SIGNER		FULL NAME OF CO-SIGNER					
CO-SIGNER ADDRESS, CITY, STATE	, AND ZIP	CO-SIGNER ADDRESS, CITY, STATE	, AND ZIP				
DATE OF BIRTH		DATE OF BIRTH					
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER					
PHONE NUMBER		PHONE NUMBER					
DRIVER'S LICENSE/ID NUMBER		DRIVER'S LICENSE/ID NUMBER					
CO-SIGNER SIGNATURE		CO-SIGNER SIGNATURE					

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (800) 795-3272 (Voice), or (202) 720-6382 (TDD)