



**Women's
Business
CENTER**

a proud partner of **one WOMEN**

4220 Shawnee Mission Parkway
Suite 350B
Fairway, KS 66205
Tel 913.492.5922 Fax 913-888-692
www.kansascitywbc.com

Women's Business Center Loan Application

The information you provide in this application will be held strictly confidential. This application will expire 60 days after submission. Please fill out the application completely; incomplete applications will not be considered.

****This application must be submitted with a copy of your Driver's License or State-Issued ID in order to be processed.**

1.1 – Referral Information:

How did you hear about the Women's Business Center? _____

(Please provide name and organization if applicable)

Have you ever had a loan with the Women's Business Center? Yes No

1.2 – Contact Information:

Borrower's Name _____

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

Home # _____ Work Phone # _____ E-Mail _____

Cell Phone# _____ Preferred Contact Method _____

Time at Current Residence: Years _____ Months _____ Own Current Residence Rent

Renter's Information:

Home Landlord's Name _____

Landlord's Company Name _____ Phone # _____

Fax# _____

Percentage of Business Ownership: _____%

Social Security # _____ Date of Birth _____ / _____ / _____ Years of education _____

1.3 - Business Information

Legal Name of Business/DBA _____

Business Address _____

City _____ State _____ Zip Code _____ County _____

Business Phone # _____ Fax # _____

Web Address _____ Business Mobile# _____

Preferred Contact Method _____

Time at Current Location: Years _____ Months _____ Own Current Location Rent Current Location

Renter's Information:

Business Landlord's Name _____ Landlord's Company Name _____

Phone # _____ Fax # _____

Time owning business: Years _____ Months _____

What is the structure of your business? Individual / Partnership / Corporation / Non-Profit/ Unknown

Business Location: Storefront / Home / Office / Street / Other

Is your business seasonal? Yes No

How do you pay for raw materials/supplies for the business? Credit Cash Net 30/ 60/ 90 Other

(explain): _____

Name(s) of Partners who own 20% or more interest _____

Description of business activity _____ Years of experience _____

2 – Loan Request Information

Loan Amount Requested: \$ _____ .00

Purpose of Loan (please break down the purpose of loan by cost)	Dollar Amount
	\$
	\$
	\$
TOTAL LOAN REQUEST	\$

3 – Financial Information

Business Assets (materials, inventory, machinery, accounts receivable, furniture, fixtures, vehicles, etc.)			
Item and Description	Purchase Date	Estimated Value	Own Free and Clear
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
TOTAL		\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Business Liabilities	Creditor Name	Monthly Payment	Total Balance
Loan Payment		\$	\$
Supplier Credit		\$	\$
Business Vehicle		\$	\$
Auto/Equipment Lease		\$	\$
Loans from Family/Friends		\$	\$
Credit Card/ Other		\$	\$
TOTAL			\$

What collateral will be used to secure this loan?

Eligible collateral includes: equity in personal or commercial real estate, personal or business vehicles and business assets.

Item and Description	Resale Value	Own Free and Clear
	\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Household Financial Information

MONTHLY INCOME		MONTHLY EXPENSES	
Applicant's employment income	\$	Home mortgage/ rent	\$
Take home pay from business	\$	Food & clothing	\$
Spouse/ family income	\$	Utilities	\$
Social Security	\$	Telephone/ cell/ internet	\$
Public Assistance	\$	Insurance (life, health, property)	\$
Disability	\$	Personal Credit Card Payments	\$
Alimony/ child support	\$	Education/ child care	\$
Rental income	\$	Insurance, gasoline, miscellaneous	\$
Other income (specify)	\$	Vehicle and other loan payments	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

Business Financial Information Actual Projected*

MONTHLY INCOME		MONTHLY EXPENSES	
Gross monthly sales	\$	COGS - Raw materials/ merchandise	\$
Any other income	\$	Marketing/ advertising	\$
	\$	Owner's salary	\$
	\$	Employee's salaries/ labor	\$
	\$	Business mortgage/ rent	\$
	\$	Utilities	\$
	\$	Telephone/ cell/ internet	\$
	\$	Insurance, gasoline, miscellaneous	\$
	\$	Equipment purchase/ maintenance	\$
	\$	Taxes (sales, payroll, income, other)	\$
	\$	Business credit card payments	\$
		Vehicle and other loan payments	\$
TOTAL BUSINESS INCOME	\$	TOTAL BUSINESS EXPENSES	\$

4.1 – Employment Information

If employed, Name of Employer _____

Contact Name _____ Address _____

City _____ State _____ Zip code _____ Phone # _____

Fax # _____ Income per month (approx.) \$ _____

4.2 – Co-Borrower's Information

All business partners that own at least 20% of the business are required to sign as co-borrowers. Spouses may also be considered co-borrowers. Will there be a Co-borrower? Yes No

Co-Borrower's Name _____

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

E-Mail _____ Preferred Contact Method _____

Social Security # _____ Date of Birth ____ / ____ / ____ Percentage of business ownership: _____%

4.3 – Business References (2):

Relationship (Circle One): Family /Friend /Business/Professional

Name _____ Address _____ Apt. #__ City_____ State _____
Zip Code_____ Cell Phone # _____ Work Phone # _____ E-Mail _____

Relationship (Circle One): Family /Friend /Business/Professional

Name _____ Address _____ Apt. #__ City_____ State _____
Zip Code_____ Cell Phone # _____ Work Phone # _____ E-Mail _____

I attest that all of the information on this application is true. I authorize the Women's Business Center to investigate and verify the above information, and contact any references regarding this application. I also authorize the Women's Business Center to perform a credit check, which may include obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors from time to time, as authorized by law. The release of all information by the Women's Business Center, in any manner, is hereby authorized whether such information is of record or not and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information. I understand that the Women's Business Center will retain this application whether the loan is approved or denied and that I can appeal the Women's Business Center's decision if the loan is denied. I understand that this application will expire 60 days after submission.

Signature of Borrower: _____ Date: _____

Signature of Co-borrower: _____ Date: _____

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a bidding 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 agency that administrates compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC.