Entrepreneur Works Fund
111 South Independence Mall East, Suite 528
Philadelphia, PA 19106
t: (215) 545-3100
f: (215) 925-2485

Loan Application: Document Check List

Borrowers seeking financing through Entrepreneur Works Fund must submit the following documents for their application to be considered. Applications may be submitted by mail or in person to the address listed above, or by fax to (215) 925-2485:

1. **Loan Application**: The following forms are attached, and must be completed by all borrower(s), and guarantors if applicable:
   a. Client (HUD) Intake Form (4 pages)
   b. Small Business Loan Program Application (2 pages)
   c. Personal Financial Statement (2 pages)
   d. Personal Budget Statement (1 page)
   e. Credit Check Authorization (1 page)

2. **Completed Business Plan:** Template available by request

3. **Personal Resume**: For all principal borrowers

4. **2 Forms of ID** (at least 1 must be a photo ID)

5. **Loan Application Fee**: $50 ($25 for each additional applicant) must be submitted with loan application package. *Please make all checks and money orders payable to Entrepreneur Works Fund.*

If you may be eligible for a small business loan, we will contact you within two business days and request the following documents to substantiate the information provided in your application. Please be prepared to provide the following:

6. **3 Months of Personal Bank Statements**

7. **Personal Tax Returns**: Last 3 years for all owners *(full returns with all schedules)*

8. **Business Tax Returns**: If available, provide 3 years of full returns with all schedules (*only applicable for corporate entities that file separate tax returns)*

9. **Proof of address for individual(s) and business** (if applicable).

10. **Business Financial Statements**: Provide current business financial statements (i.e. balance sheet, profit and loss statement, etc.). Financial statements must be no older than 90 days.

11. **Cash Flow Projections**: Provide at least 1 year of cash flow projections. Projections should be broken down to show month-to-month cash flow. *Startup businesses must provide 3 years of cash flow projections, with years 2 and 3 broken down on a quarterly basis.*

Entrepreneur Woks
Entrepreneur Works Fund
CUSTOMER INTAKE QUESTIONNAIRE

ENTREPRENEUR WORKS

For Entrepreneur Works use only

Customer #: _____

Program: _____

Entered on: _____

Entered by: _____

****Note: Please print clearly - responses to all fields are required in order for us to serve you****

JUST THE BASICS

Today's Date	_____/_____/ _____
First Name	
Last Name	
Mailing Address *Include Apt #*	
City, State, Zip	
Home Phone	( ) -
Other Phone(s)	( ) - (Work) ( ) - (Cell)
Email(s)	

GETTING TO KNOW YOU

Date of Birth	____/____/19____
Gender	❒ Male ❒ Female
Including yourself, how many people live in your household?	_____
Are you a U.S. Citizen?	❒ Yes ❒ No → Residency Status_____
Are you the head of your household?	❒ Yes ❒ No
What is your marital status?	❒ Single ❒ Married ❒ Divorced ❒ Separated
What racial or ethnic group(s) do you consider yourself a member of? *Check all that apply*	___African-American ___African ___Hispanic ___Asian-American ___White/Caucasian ___West Indian ___American Indian/Native ___Hawaiian or P. Islander ___Other
Are you currently employed? *UC benefits refer to unemployment compensation*	Yes, full-time ___No, receiving UC benefits ___Yes, part-time ___Yes, receiving UC benefits
What is the highest level of education that you have completed?	___Grade school ___Some high school ___High school/GED ___Vocational school ___Some college ___Associate's ___Bachelor's ___Graduate school ___Other _____

BUSINESS

Where are you now in the self-employment business process?	__I am thinking about or working on starting a business __I have been operating a business (i.e. have been selling) for less than 12 months __I have operated a business (i.e. have been selling) for 12 months or more
What is your business's primary product or service? If you are in the planning stage, what is your idea?	Be specific: _____
******SKIP TO THE PERSONAL & HOUSEHOLD INFORMATION SECTION IF YOU DO NOT CURRENTLY HAVE A BUSINESS******	
Name of Business	
When did it open for business?	_____/_____/_____
Is your business legally registered?	❒ Yes, with_____ ❒ No
Is your business home-based?	❒ Yes ❒ No, location is_____
How many hours per week do you work in your business?	_____Part-time (less than 35hrs/week)_____Full-time (35+hrs/week)
Do you have paid employees?	# Part-time (less than 35hrs/week) # Full-time (35+hrs/week)
What were the total gross sales from your business over the last 12 months?	$_____(Do not include taxes)
How much did you pay yourself last year as "owner's draw"?	$_____(Do not include taxes)
Currently, are you satisfied with the income you are receiving from your business?	__Completely __Somewhat __Not at All

PERSONAL & HOUSEHOLD INFORMATION

Do you work at a job other than your own business? *Full-time=35+hrs/week Part-time=Less than 35 hrs/week* *List annual income from your job before taxes*	❒ No ❒ Yes If **YES**: **Do you work**___Full-time____Part-time **How much do you earn**? $_____per_____(wk, mo, yr) **How much did you earn last year from your job**? $_____
How much gross income did YOU receive last year from *other* sources?	$_____*i.e. unemployment compensation, child support, gifts*
How much gross income did OTHER household members receive last year?	$_____*Include wages and income from additional sources*
What is your TOTAL annual household income? ***Add incomes of ALL household members BEFORE taxes****	$_____per_____(wk, mo, yr)

PERSONAL & HOUSEHOLD INFORMATION *(continued)*

Do you receive any of the following benefits? *Do not include benefits other household members receive that you do not receive*	___TANF ___Unemployment ___Food stamps or WIC ___SSI ___Disability ___State general assistance ___Social Security ___Other _____
How much money did you save last year?	$_____ *Includes money in a savings or investment account*
Do you have health insurance?	❒ No ❒ Yes, through (check all that apply): ___my business ___private policy ___my job ___my spouse's job ___Medicaid ___free state health plan ___Medicare ___Other_____
Do other members of your household have health insurance?	___All ___Some ___None ___I live by myself
If we are unable to reach you, please list another family member or friend we may contact ***(i.e. in case you move)***	*Full Name:* *Relation:* *Phone:* *Email:*

PROGRAM INFORMATION

How did you hear about us? Please be specific. *For all fields, please tell us where the publication was. If a friend or family member told you about Entrepreneur Works, tell us how they found out about it.*	___Newspaper, called_____ ___Radio, the station is_____ ___Flyer, poster, or brochure at _____ ___Internet, the site was_____ ___Told by___another participant, named _____ ___a teacher/trainer at _____ ___a minister, case worker, or staff at _____ Other
What is the main reason you are joining an Entrepreneur Works' program? *Please check only ONE choice.*	___Increase financial management skills for running my business ___Increase planning, sales, and market skills for my business ___To learn practical skills to help me find a better job ___To learn from other entrepreneurs and exchange ideas ___To gain access to capital and loans ___To learn ways to make more money in my business ___Other (please specify) _____
May we use your photo in our marketing materials?	___No ___Yes
Would you like to know about future Entrepreneur Works events?	___No ___Yes, by___Email___Mail___Phone

The information you provide is confidential and is required by our funders and sponsors.
This information is used for evaluation and customer tracking purposes ONLY.

ENTREPRENEUR WORK
ENTREPRENEUR WORKS FUND

INCOME SELF-CERTIFICATION
(PLEASE PRINT)

IDENTIFYING INFORMATION

Name:_____ Address: _____

Address 2:_____ City:_____ State:_____ Zip:_____

INDIVIDUAL INCOME

My current income (per year) is:

❒ Up to $14,200 ❒ $14,200 to $28,400 ❒ $28,400 to $45,450 ❒ Over $45,450

HOUSEHOLD INCOME- EW STAFF ONLY

The combined income for all earners in my **household** (per year) is:

Persons in Household		Up to (A)		Over (A) and up to (B)		Over (B) and up to (C)		Over (C) and up to (D)		Over (D) and up to (E)
1	❒	$14,200	❒	$28,400	❒	$34,080	❒	$45,450	❒	$68,160
2	❒	$16,225	❒	$32,450	❒	$38,940	❒	$51,950	❒	$77,880
3	❒	$18,250	❒	$36,500	❒	$43,800	❒	$58,450	❒	$87,600
4	❒	$20,275	❒	$40,550	❒	$48,660	❒	$64,900	❒	$97,320
5	❒	$21,900	❒	$43,800	❒	$52,560	❒	$70,100	❒	$105,120
6	❒	$23,525	❒	$47,050	❒	$56,460	❒	$75,300	❒	$112,920
7	❒	$25,150	❒	$50,300	❒	$60,360	❒	$80,500	❒	$120,720
8	❒	$26,775	❒	$53,550	❒	$64,260	❒	$85,700	❒	$128,520
For households over 8, add appropriate amount for each additional person and enter information below										
Per Person		$1,652		$3,250		$3,900		$5,200		$7,800
Number of Persons _____	❒	$_____	❒	$_____	❒	$_____	❒	$_____	❒	$_____

MISCELLANEOUS INFORMATION REQUIRED BY FUNDERS

I am a Philadelphia resident and/or operate my business in Philadelphia: ❑ Yes ❑ No

Number of employees (including me): _____ # Full-time (37+ hours per week)

_____ # Part-time

_____ # Subcontractors (seasonal, etc.)

I am the Head of my Household: ❑ Yes ❑ No

CERTIFICATION

The above information is:

❒ Exact

❒ An estimate based on the most accurate information available

The information on this form will be used for statistical reporting only. It will not preclude your participation in programs sponsored by Entrepreneur Works. Your records may be available to the Department of Housing and Urban Development, the United States, City of Philadelphia and the City of Chester, but will not be released or disclosed to other government agencies or departments without your consent, except as required by law.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY ABILITY TO PROVIDE SUCH INFORMATION.

Signature:_____ Date:_____

Entrepreneur Works Fund

SMALL BUSINESS LOAN APPLICATION

I. General Information

Primary Contact Name: _____ Today's Date: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Business Name: _____ Website: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Business Location (home, storefront, vendor cart, etc.): _____

Total loan amount requested: $_____ *(more detail on next page)*

II. Company History/Profile

Month/Year Business was Established: ___/_____ Tax ID or EIN #: _____

Business Structure (Circle One):	Sole Proprietorship	Corporation	Professional Corporation
	Limited Liability Company	Sub Chapter S Corporation	Partnership

□ Affirm business is registered in Bucks, Chester, Delaware, Montgomery or Philadelphia County

Number of Employees (including owner): Full-time: ____ Part-time: ____ Contract: ____

III. Ownership and Management

Ownership of Business (List all owners & stockholders with 20% or more of total ownership):

Name	Home Address	Percentage Owned	Date of Birth
1.			
2.			

Key Management:

Name and Title	Yrs. w/ Co.	Annual Comp.	Training Received
1.			
2.			

Technical Assistance (TA / Training / Relevant Education Received):

Type of TA or Training Received	Provided By:	Year Completed	Certificate Received
1.			
2.			

Entrepreneur Works Fund
SMALL BUSINESS LOAN APPLICATION

IV. Business Reference

Business Landlord Name	Length of Time at Address
Landlord Address	Phone Number

V. Sources and Uses of Funds

Use of Funds	Entrepreneur Works Fund Loan	Your Own Investment	Other Lenders / Investors	Total Project Cost
Building / Leasehold Improvements				
Machinery / Equipment				
Furniture / Fixtures				
Inventory				
Working Capital / Startup Costs				
Other:				
Total:				

I/We authorize Community Capital Works, Inc. d/b/a Entrepreneur Works Fund (CCW) the lending institution and Philadelphia Development Partnership d/b/a Entrepreneur Works (PDP) its affiliate training and technical assistance provider to investigate my/our personal and business financial credit history as necessary to process this loan application. The undersigned authorize CCW and PDP to obtain credit reports and to make credit inquiries now and in the future in connection with this application and any credit furnished in reliance upon this application. The undersigned also authorizes any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from CCW and PDP, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable. Subject to any limitations imposed by law, CCW and PDP is permitted to provide its affiliated companies, program funders, and others with a legal privilege, with information about undersigned, including information obtained from loan applications, affiliates, consumer reporting agencies or other outside sources and CCW and PDP may do so unless Undersigned advises CCW and PDP in writing not to provide such information. Applicant understands that any credit extended in response to this application is subject to credit reporting.

Name of Business: _____ **Signature/Title:** _____

Date: _____ **Signature/Title:** _____

EQUAL CREDIT OPPORTUNITY ACT

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, nationals origin, sex, marital status, age (provided that 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 agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington, DC 20580.

ENTREPRENEUR WORKS formerly Philadelphia Development Partnership (PDP)

ENTREPRENEUR WORKS FUND formerly Community Capital Works (CCW)

111 S. Independence Mall East, Suite 528
Philadelphia, PA 19106
Phone (215) 545-3100 * Fax (215) 925-2485

Personal Financial Statement

Applicant(s) Name:	Date:

Assets		**Liabilities and Net Worth**	
Cash on Hand & Deposits	$	Loans Outstanding	$
Marketable Stocks and Bonds (See Schedule A on next page)	$	Automobile Loans	$
Notes Receivable (see Schedule B on next page)	$	Credit Card Balances	$
Cash Value of Life Insurance (see schedule C on next page)	$	Life Insurance Loans	$
Deferred Compensation	$	Real Estate - Residence Loans	$
Pension Funds & IRA	$	Real Estate - Residence Loans	$
Real Estate Owned - Residence (see schedule D on next page)	$	Real Estate - Investment Loans	$
Real Estate Owned - Investments (see schedule D on next page)	$	Other Debts - List:	$
Vehicles Owned - List:	$	Business Debts - List:	$
	$	**Total Liabilities**	$
Business Assets (if needed attach a list)	$	**Net Worth (Total Assets – Total Liabilities)**	$
Total Assets	$	**Total Liabilities & Net Worth**	$

Do You Have Leases or Monthly Obligations Not Reflected Above?	□ Yes	□ No	Are Any of the Above Assets Pledged?	□ Yes	□ No
Are You Currently in Arrears of Child Support Payments?	□ Yes	□ No	Are There Liens Against You or Your Property?	□ Yes	□ No
Are There Any Judgments Unsatisfied Against You?	□ Yes	□ No	Do You Have a Payment Arrangement for Unpaid Federal or State Taxes?	□ Yes	□ No
Are You a Co-Maker, Endorser, or Guarantor on any Loans or Contracts?	□ Yes	□ No	Have You Declared Bankruptcy in the Last Seven Years?	□ Yes	□ No

* Please provide a written explanation for any question answered "Yes" above.

Schedule A: Marketable Stocks & Bonds

Name/Describe	Market Value
1.	$
2.	$
Total:	**$**

Schedule B: Notes Receivable

Name/Describe	Balance
1.	$
2.	$
Total:	**$**

Schedule C: Life Insurance

Issuer's Name	Face Value	Cash Value
1.	$	$
2.	$	$

Schedule D: Real Estate Owned

Address	Residence or Investment	Date Purchased	Purchase Price	Market Value	Loan Amount	Mortgage Holder
			$	$	$	
			$	$	$	

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided to Entrepreneur Works Fund for the purpose of obtaining and maintaining credit with said organization. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify Entrepreneur Works Fund of said change(s) and unless Entrepreneur Works Fund is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize Entrepreneur Works Fund to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer-reporting agency to furnish to Entrepreneur Works Fund any information that it may have or obtain in response to such credit inquiries.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Signature:	**Today's Date:**	**Date of Birth:**
Spouse or Co-Applicant's Signature:	**Today's Date:**	**Date of Birth:**

ENTREPRENEUR WORKS FUND

CONFIDENTIAL PERSONAL HOUSEHOLD BUDGET

This form is designed to provide **Entrepreneur Works Fund** with sufficient information to permit effective consideration of your loan request.

	MONTHLY	ANNUALLY
HOUSEHOLD INCOME – *[Income from business, gross salary or wages, government stipend (SSI, Pension, etc.), retirement or pension income]* Itemize source of income and household member		
1.		
2.		
3.		
4.		
TOTAL HOUSEHOLD INCOME		
EXPENSES		
1. Housing (mortgage/rent)		
2. Housing (2nd mortgage, home equity, investment properties)		
3. Utilities (electric/gas/oil)		
4. Telephone (land line, cellular, internet, cable, etc.)		
5. Food		
6. Childcare		
7. Savings		
8. Personal Debts (personal loans, credit cards, loans from friends or relatives, etc.)		
9. Transportation – Car Loan		
10. Transportation – Other:		
11. Miscellaneous (itemize):		
a. Insurance – homeowners		
b. Insurance – automobile		
c. Personal Care		
d. Alimony / Separate Maintenance/Child Support		
e. Other:		
f. Other:		
TOTAL EXPENSES		
AFTER-TAX SECONDARY INCOME *[Interest, Dividend, Bonus, Commission, Rental, Alimony, Child Support, Separate Maintenance or Other Income]*		
Itemize:		
TOTAL SECONDARY INCOME		
DISCRETIONARY HOUSEHOLD CASH FLOW *[=Total HH Income – Total Expenses+ After-tax Secondary Income]*		

CONFIDENTIAL PERSONAL HOUSEHOLD BUDGET FOR (REV. 10/2010)

NAME:_____

COMMUNITY CAPITAL WORKS, INC.
D/B/A ENTREPRENEUR WORKS FUND
CONFIDENTIAL CREDIT CHECK AUTHORIZATION

This form is designed to permit **Entrepreneur Works Fund** or **Entrepreneur Works**, its affiliate training and technical assistance provider with sufficient information to review and evaluate your credit history.

PLEASE READ CAREFULLY BEFORE SIGNING

This form will serve to authorize Community Capital Works d/b/a Entrepreneur Works Fund or Philadelphia Development Partnership d/b/a Entrepreneur Works to request your credit history from national consumer credit bureaus.

I, _____ hereby authorize Community Capital Works, Inc. d/b/a Entrepreneur Works Fund and/or Philadelphia Development Partnership to make whatever credit inquiries it deems necessary to check my credit, business and employment history in connection with a loan request or business development services and technical assistance being provided to me. I authorize and instruct any person or consumer-reporting agency to furnish any information that it may have or obtain about me and to answer questions about its credit experience with me. The information requested below will be used to check my credit and I hereby affirm that the information provided is true and correct.

Signed:_____ Date:_____

PLEASE PRINT LEDGIBLY AND COMPLETE ALL FIELDS

Name *(First, Middle, Last, Title or Designation):*			
Social Security Number	- -		
Date of Birth	/ *(MM)* / *(DD)* *(YYYY)*		
Address			
City		State	Zip
Telephone:	( ) -		