ENTREPRENEUR WORKS FUND
111 S. Independence Mall East • Suite 528
The Bourse Building • Philadelphia, PA 19106

Vendor Loan Application: Document Check List

Entrepreneur Works' Vendor Loan is designed to help entrepreneurs in the Greater Philadelphia region cover the upfront costs of participating in festivals and craft fairs. The vendor loan also qualifies borrowers for business development services from Entrepreneur Works, including classes and consulting services. Two types of Vendor Loans are readily available:

- $500 vendor loan repaid over 6 months with low monthly payments of about $88.00.
- $1,000 vendor loan repaid over 9 months with low monthly payments of about $120.00.

Need a different loan amount? Entrepreneur Works offers additional loan products to meet your business's needs. Call us at (215) 545-3100 extension 226 to discuss our other loan products. You can also find more information about Entrepreneur Works and our services on our website at www.myentrepreneurworks.org, or on Facebook, Twitter, Instagram and YouTube.

Applying for an Entrepreneur Works Vendor Loan is easy! Simply submit the following documents for your vendor loan application to be considered:

1. **Loan Application**: The following forms are attached:
   a. Client (HUD) Intake Form (4 pages)
   b. Vendor Loan Application (1 page)
   c. Personal Household Budget (1 page)
   d. Credit Check Authorization (1 page)

2. **Loan Application Fee**: $25 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 vendor loan, we will contact you within two business days to discuss your application. Applications may be submitted by mail or in person to the address listed below, or by fax to (215) 925-2485:

ENTREPRENEUR WORKS FUND
111 S. Independence Mall East
Suite 528
Philadelphia, PA 19106
Email: knoreika@entre-works.org

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:_____

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Vendor Loan Application

I. General Information

Name of Primary Contact _____

Business Name_____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Number

Primary _____ ☐*Mobile* ☐*Business* ☐*Home*

Secondary _____ ☐*Mobile* ☐*Business* ☐*Home*

E-Mail _____

II. Business Information

Business Location:

☐ Home ☐ Storefront ☐ Vendor Cart ☐ Other: _____

Business Structure:

☐ Sole Proprietorship ☐ Corporation ☐ Partnership
☐ Limited Liability Corporation ☐ Sub Chapter S Corporation ☐ Other: _____

State Where Business is Registered _____

2015 Business Revenues $_____

Number of employees:

Full-time _____ Part-time _____ Contract _____

III. Event Information

Name of Vending Event _____

Location of Vending Event _____

Registration Fee for Vending Event $_____

Vendor Loan Request:

☐ $500 loan repaid over 6 months
☐ $1,000 loan repaid over 9 months

Use of Vendor Loan:

☐ Food ☐ Craft ☐ Other: _____

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Describe in detail all items to be sold at your table or space (i.e., type of food, etc.).

_____

_____

_____

Does the loan applicant or business have a savings or checking account for direct debit loan payments?

☐ Checking account ☐ Savings account ☐ None

IV. Personal References

Name _____ **Relation** _____

Address _____ **City** _____

State _____ **Zip Code** _____ **Phone** _____

Please submit this application with the additional information requested.

This application is not a contract and does not insure approval of a vendor loan or acceptance to the vending event.

I/We authorize Entrepreneur Works Fund (EWF), the lending institution, and Entrepreneur Works (EW), 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 EWF and EW 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 EWF and EW, 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, EWF and EW 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 EWF and EW may do so unless Undersigned advises EWF and EW in writing not to provide such information. Applicant understands that any credit extended in response to this application is subject to credit reporting.

Signed _____ Date: _____

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.

Must be returned with application fee of $25 to:
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Email: knoreika@entre-works.org

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:	( ) -		