

**FAMILY HOME PROVIDER LOAN APPLICATION**

**Amount of Loan:** \$ \_\_\_\_\_  
**Current number of child care spaces:** \_\_\_\_\_  
**Child care spaces created as a result of this financing:** \_\_\_\_\_

**Purpose:** (Please describe what you will do with the loan money.)

**Collateral:** (Tell us what you can offer to secure the loan, for example home equity, car titles, stocks, etc.)

**Please Tell Us About Yourself:**

<u>First Name</u>	<u>Initial</u>	<u>Last Name:</u>	<u>Date of Birth:</u>	<u>Social Security Number</u>
<u>Business Name (if applicable)</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Federal ID Number</u>
<u>Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>How long?</u>
<u>Previous Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>How long?</u>
<u>Home Phone:</u>	Rent <input type="checkbox"/> Own/Buying <input type="checkbox"/>	<u>Monthly Rent / Mortgage Payment:</u>	<u>Landlord / Mortgage Holder:</u>	<u>Yrs./Months There:</u>
<u>Name of Employer:</u>	<u>Position/Occupation:</u>	<u>Gross Annual Salary:</u>	<u>Yrs./Months There:</u>	
<u>Employer's Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>Business Phone:</u>
<u>Previous Employer:</u>	<u>Address:</u>	<u>City</u>	<u>State ZIP</u>	<u>Position/Occupation:</u> <u>Yrs./Months There:</u>
<u>Nearest of Kin</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State Phone</u> <u>Relationship</u>

**Note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.**

Source & Amount of Other Annual Income:

**Please Tell Us About Your Co-Applicant/Guarantor:**

<u>First Name</u>	<u>Initial:</u>	<u>Last Name:</u>	<u>Date of Birth:</u>	<u>Social Security Number</u>	<u>Relationship to Applicant</u>
<u>Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>		
<u>Previous Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>		
<u>Home Phone:</u>	Rent <input type="checkbox"/> Own/Buying <input type="checkbox"/>	<u>Monthly Rent/Mortgage Payment:</u>	<u>Landlord/Mortgage Holder:</u>	<u>Yrs./Months There:</u>	
<u>Name of Employer</u>	<u>Position/Occupation</u>	<u>Gross Annual Salary</u>	<u>Yrs./Months There:</u>		
<u>Employer's Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>Business Phone:</u>	

Previous Employer:	Address:	City:	State	Zip	Position/Occupation:	Yrs./Months There:
Nearest of Kin	Name	Address	City/State	Phone	Relationship	

**Guarantor please note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.**

Source & Amount of Other Annual Income:

**Applicant Please Tell Us About Your Financial Obligations:**

Creditor:	Indicate Applicant(s), Co-Applicant or Joint:	Current Outstanding Balance:	Monthly Payment and Term

**Assets:**

Real Estate: Description/location \_\_\_\_\_ Purchase Price \_\_\_\_\_ Market Value \_\_\_\_\_

Date acquired \_\_\_\_\_ % owned by you \_\_\_\_\_ %

Investments: Bank accounts \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Describe \_\_\_\_\_

Automobiles Year \_\_\_\_\_ Make/model \_\_\_\_\_

Child Care spaces to be created as a result of this financing. \_\_\_\_\_

Have you ever declared bankruptcy? Yes \_\_\_ No \_\_\_

If yes, please explain the circumstances and date. \_\_\_\_\_

Do you currently owe federal, state taxes or local taxes? Yes \_\_\_ No \_\_\_

Explain \_\_\_\_\_

I/We authorize the Virginia Small Business Financing Authority (VSBFA) to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any person, including but not limited to, all local, state, or federal governmental agencies, or consumer reporting agencies, to complete and furnish VSBFA any information that it may have or obtain in response to such credit inquiries, and agree that such information, along with this application, shall remain VSBFA's property whether or not credit is extended. I/We authorize VSBFA to furnish credit information, including insurance information, to persons who may lawfully receive and use such information. I/We certify that the information provided in this application is being given for the purpose of obtaining the credit described above and is true and correct as of this date.

Applicant's Signature:	Title (if applicable):	Date:
Co-Applicant's Signature	Title (if applicable):	Date:

## CHILD CARE REGULATORY STATUS

1) Date your child care facility was

Licensed: \_\_\_\_\_

Certified: \_\_\_\_\_

Registered: \_\_\_\_\_

Approved: \_\_\_\_\_

2) Person who monitors your child care facility:

Individual's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

3) Has your facility ever been investigated for a child care complaint?

Yes \_\_\_\_\_

No \_\_\_\_\_

4) If answer to #3 above is yes, please select the category of the complaint:

\_\_\_ Administration:

\_\_\_ Staff Qualifications and Training/Personnel

\_\_\_ Physical Plant/Physical Environment and Equipment

\_\_\_ Physical Health

\_\_\_ Staffing and supervision

\_\_\_ Programs

\_\_\_ Care of Children

\_\_\_ Record Keeping Responsibility

\_\_\_ Special Care Provisions and Emergencies

\_\_\_ Special Services

5) If answer to #3 above is yes, please provide:

Date of complaint(s): \_\_\_\_\_

Copy(s) of the finding/disposition of the complaint(s).

6) Is your facility on "enforcement watch" or pending closure?

Yes \_\_\_\_\_

No \_\_\_\_\_

7) Please attach a copy of your current license or certificate to provide child care.

Thank you for your interest in the Child Care Financing Program. Please review the following checklist to ensure that you are submitting a complete application. This will reduce the time required to process your request.

- ◆ Documentation to support your and your co-applicant's/guarantor's Gross Annual Salary (photocopies of complete federal income tax returns, including all schedules and attachments, W-2, year-end pay stub, contracts, Department of Social Services payment vouchers, etc.)
- ◆ \$15.00 nonrefundable application fee (to cover the cost of processing your request).
- ◆ Any documentation to support the "eligible use" of funds under the program guidelines.
- ◆ Provide evidence that you are (a) licensed by the Virginia Department of Social Services, (b) registered through the Voluntary Registration Program, (c) part of a Licensed Family Care System, or (d) participating in the USDA Food Program.
- ◆ Statement that you are in good standing from the Division of Licensing Programs of the Department of Social Services.
- ◆ Copy of driver's license for each applicant.

**REMINDER** – The Pro-Child Act of 1994 prohibits smoking in certain facilities in which education, library, day care, health care and early childhood development (including WIC and Head Start) services are provided to children.

If you have any questions, please feel free to contact our office at 1-866-248-8814.

**The VSBFA shall not discriminate against any loan applicant on the basis of race, color, religion (creed), gender, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation, or veteran's status.**

**The information requested below is voluntary and for statistical purposes only.  
It will not affect the credit decision of the VSBFA.**

**Gender:**

- Male
- Female
- Transgender

**Race:**

- Asian
- Black
- Hawaiian or Pacific Islander
- Native American
- White

**Hispanic:**

- Yes