

Virginia Small Business Financing Authority, SWaM Business Microloan Fund

Business Name: _____	Tax ID #: _____							
Address: _____	Phone #: _____							
Address: _____	Fax #: _____							
City: _____ State: _____ Zip: _____	Contact: _____							
County: _____	E-mail: _____							
Legal Type:								
C-Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/>								
Date established: ____/____/____	NAIC: _____							
Business Description: _____								
Annual Revenues: \$ _____								
Type of Project: Expansion <input type="checkbox"/> Transfer of Ownership <input type="checkbox"/> Other <input type="checkbox"/> _____								
Amount of request: \$ _____ (The maximum loan amount under this program is \$10,000; however it is possible to request up to \$25,000 under conditions shown below.*)								
Purpose: _____								
Collateral: _____								
Guarantors**: _____								
Full time jobs <u>saved</u> as a result of this financing	Full time jobs <u>created</u> as a result of this financing							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Year 1</td> <td style="width: 50%; text-align: center;">Year 2</td> </tr> </table>	Year 1	Year 2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Year 1</td> <td style="width: 50%; text-align: center;">Year 2</td> </tr> </table>	Year 1	Year 2			
Year 1	Year 2							
Year 1	Year 2							
Average hourly wage rate \$ _____								
Capital Investment Expected								
\$ _____	\$ _____	\$ _____						
Year 1	Year 2	Year 3						
<i>Schedule of Applicant's debts, leases, notes and mortgages (attach additional sheet if necessary).</i>								
Creditor	Original Loan Amount	Loan Balance	Date of Loan	Maturity Date	M-Monthly Q-Quarterly A-Annual	Payment Amount	Current? Yes/No	Collateral

SWaM Business Microloan Fund Applicants
Attach the following to complete your application package:

Financial Statements: Not required. Credit decision will be based on the credit score of the guarantors.

* **Amount of request:** Special consideration will be given to increase the approved loan amount to \$25,000, if requested, provided the applicant business presents the VSBFA with a "Referral Form" from the Virginia Small Business Development Center network. (Attached)

****Guarantors:** All individuals and business entities owning 20 percent or more of the applicant business (including a spouse owning 5 percent or more when the combined ownership of both spouses is 20 percent or more) will be required to guaranty the loan. Individual guarantors and/or proprietorship applicants must have a satisfactory personal credit score and personal credit history.

Certificate of Good Standing from the State Corporation Commission or other applicable state or local licensing authority.

Articles of Incorporation, Partnership Agreement, Corporate Resolution, or Authority to Transact Business documenting authorization to borrow in the name of the applicant.

Copy of driver's license for each individual guarantor or borrower.

Application Fee – Check or money order made payable to VSBFA in the amount of \$100.00. Please note: This is not refundable.

PLEASE COMPLETE THE FOLLOWING:

PROJECT COSTS		SOURCES OF FUNDS	
LAND COST	\$ _____	BANK	_____
BUILDING COST	\$ _____	VSBFA	_____
EQUIPMENT COST	\$ _____	OTHER GOVT	_____
WORKING CAPITAL	\$ _____	CASH EQUITY	_____
LEGAL/CLOSING FEES	\$ _____	OTHER LENDER	_____
OTHER	\$ _____	OTHER	_____
TOTAL	\$ _____	TOTAL	_____

IN ORDER TO KEEP FINANCIAL INFORMATION CONFIDENTIAL AND NOT PART OF PUBLIC RECORDS, YOU MUST MARK EACH PAGE "CONFIDENTIAL".

The undersigned hereby certifies that all information contained above and all information contained in attachments which make up this loan application are true to her/his best knowledge and belief, and are submitted for the purpose of obtaining financial assistance from the Virginia Small Business Financing Authority.

Name of applicant: _____

By: _____ **Date** _____

INFORMATION ON BUSINESS TO BENEFIT FROM LOAN REQUEST

List all owners, officers, directors and general partners of business and stockholders or limited partners owning 20% or more of business and including any spouses owning 5 percent or more when the combined ownership of both spouses is 20 percent or more. All persons or corporations with an ownership interest of 20% or more (including a spouse owning 5 percent or more when the combined ownership of both spouses is 20 percent or more) must guarantee the loan and provide social security numbers. (attach additional sheet if necessary).

Name & social security number	Address	Office Held	% of ownership

Eligibility Requirements:

Does the business, including any parent or subsidiary corporation or affiliated entity, in Virginia have:

- 250 or less employees? Yes No Current # _____
- less than \$10,000,000 in annual gross revenues over each of the last three (3) fiscal years? Yes No
- less than \$2,000,000 in net worth? Yes No

Is the applicant business a qualifying 501 (c) (3) non-profit entity operating in Virginia? Yes No

Is the applicant business currently operating in Virginia and has it been continuously operating for at least three (2) years? Yes No

If the answer to any of the following questions is “yes”, please furnish details on an attached sheet.

- Have any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business ever been charged with, or convicted of, any criminal offense, other than minor motor vehicle violations?
Yes No
- Has the business or management of the business been informed of any current or on-going investigation of the business with respect to possible violations of state or federal securities laws? Yes No
- Has the business or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business been in receivership or adjudicated as bankrupt? Yes No
- Is the business or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business involved in any pending lawsuits? Yes No
- Does the business or any guarantors owe past due federal, state or local taxes of any nature? Yes No

GUARANTOR(S)

Name: _____

Name: _____

Address: _____

Address: _____

City/State: _____

City/State: _____

TIN#: _____

TIN# _____

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

- | | | | | | | | |
|--------------------------|------------------|--------------------------|---------------------|--------------------------|----------------|--------------------------|------------------|
| <input type="checkbox"/> | Race: | <input type="checkbox"/> | Race(cont.): | <input type="checkbox"/> | Gender: | <input type="checkbox"/> | Hispanic: |
| <input type="checkbox"/> | Asian | <input type="checkbox"/> | Native American | <input type="checkbox"/> | Male | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | Black | <input type="checkbox"/> | White | <input type="checkbox"/> | Female | | |
| <input type="checkbox"/> | Hawaiian | | | <input type="checkbox"/> | Transgender | | |
| <input type="checkbox"/> | Pacific Islander | | | | | | |

Virginia Small Business Financing Authority
101 N. 14th Street, 11th Floor
Richmond, VA 23219
Phone: 804-371-8254
Fax: (804) 225-3384

Mailing Address:
P.O. Box 446
Richmond, VA 23218-0446



REFERRAL

Virginia Small Business Financing Authority

Applicant/SBDC Client Name: _____

Business Name: _____

I request that the _____ SBDC verify the following information:
(select all relevant items)

I am an SBDC client and I have worked with an SBDC counselor to:

- Complete a business plan/business proposal
- Complete financial projections
- Prepare a financing request
- Other _____
- Other _____
- Other _____

I completed a NxLevel course presented by the SBDC

I completed a FastTrak course presented by the SBDC

Applicant/SBDC Client Signature _____

Date (mm/dd/yyyy) _____

SBDC Director Name (printed) _____

SBDC Director Signature _____

SBDC Director Email _____

SBDC Director Telephone No. _____

Date (mm/dd/yyyy) _____

*Original to VSBFA
Copy to Applicant
Copy to SBDC Director for Client File*