



COMMERCIAL LOAN APPLICATION

BASIC INFORMATION Please tell us about your business or organization.			
Business or Organization Name		Who referred you to us?	
Street Address		City	
State	Zip Code	County	Federal Tax ID # (if incorporated)
Type of Business		Date Started	Today's Date
Legal Structure (please check one)			
<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Limited Liability Corporation			
<input type="checkbox"/> Legal Partnership <input type="checkbox"/> Sole Proprietorship Are you thinking about changing your legal structure? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Person	Business Phone ()	Home Phone ()	E-mail
Number of employees now:		How many jobs will this loan create?	
Briefly describe your business or organization & what you plan to do with this loan (Feel free to attach extra pages):			
PROJECT INFORMATION Please tell us about your project and/or start-up budget.			
Uses of Funds		Sources of Funds	
Land and/or Building Purchase	\$ _____	Loan Requested \$ _____ Owner's Investment \$ _____ Other Funding Sources (specify) \$ _____	
New Building Construction	\$ _____		
Building Improvements	\$ _____		
Machinery and Equipment	\$ _____		
Inventory	\$ _____		
Working Capital	\$ _____		
Other _____	\$ _____		
Other _____	\$ _____		
Total Project Uses \$ _____		Totals should equal	Total Project Sources \$ _____
COLLATERAL Please tell us about the assets available to secure this loan.			
Asset	Value of Asset	Loans on Asset	Address of Asset
Property 1	\$ _____	\$ _____	
Property 2	\$ _____	\$ _____	
Inventory	\$ _____	\$ _____	
Equipment	\$ _____	\$ _____	
Accounts Receivables	\$ _____	\$ _____	
Other (please specify):	\$ _____	\$ _____	
Other (please specify):	\$ _____	\$ _____	
Name(s) of Possible Co-Signer(s) for Loan Request:			

MANAGEMENT INFORMATION AND ACKNOWLEDGMENTS

Please read the following and complete the information below.

The undersigned hereby certifies that the information contained in this application and related materials is true and correct. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business or organizational purposes only, and will not be used for personal or consumer purposes. The undersigned hereby affirms that he or she does not discriminate on the basis of race, color, religion, national origin, gender, marital status, or age. The undersigned hereby acknowledges that (1) no loan officer has authority to commit Self-Help to any loan without prior approval by Self-Help’s credit committee and (2) any loan commitment must be in writing and signed by an authorized representative of Self-Help. Self-Help is authorized to make all inquiries Self-Help deems necessary to verify the accuracy of this statement and to determine the creditworthiness of the business or organization. The undersigned also authorizes Self-Help to answer questions and inquiries from others seeking credit experience information about the business or organization.

Please provide this information for the Executive Director, Treasurer and/or Board Chairperson.

Name (print) _____	Name (print) _____	Name (print) _____
Address _____ _____	Address _____ _____	Address _____ _____
SSN or TIN ____ / ____ / _____	SSN or TIN ____ / ____ / _____	SSN or TIN ____ / ____ / _____
Date of Birth _____	Date of Birth _____	Date of Birth _____
% Ownership _____	% Ownership _____	% Ownership _____
Title/Function _____	Title/Function _____	Title/Function _____
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

Please send this application form and the required attachments to the Self-Help office nearest you, as listed below. We suggest that you keep a copy of the materials you are sending to Self-Help, since we will not be able to return them to you.

IMPORTANT: Please refer to the enclosed checklist. Complete all necessary forms and attach additional items listed on the checklist. Your application CANNOT be processed without inclusion of ALL required materials. If you have any questions about your application, please call a Self-Help office.

**SELF-HELP FEDERAL CREDIT UNION
COMMERCIAL LENDING OFFICE LOCATION**

1330 Broadway, Suite 604, Oakland, CA 94612
Contact Cort Gross at 510-379-5526 or cortg@self-help.org

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

The undersigned Applicant hereby acknowledges that he/she is aware that under the provisions of the Equal Credit Opportunity Act, he/she has the right to receive a written statement of the specific reason(s) for the denial if this application for credit is denied. To obtain the statement, please contact Self-Help, Attention: Commercial Loan Department, 301 West Main Street, Durham, North Carolina 27701 within sixty (60) days from the date of notification of the credit denial. Self-Help will send the Applicant a written statement of the reason(s) for the denial within thirty (30) days of receiving the request for the statement.

Applicant_____

Date_____

**Please sign above and return the yellow copy to us with your application materials.
Retain a copy for your files.**

**1330 Broadway, Suite 604,
Oakland, CA 94612
(510) 379-5540
FAX (510) 893-9300
www.self-helpfcu.org**