



COVID-19 Disaster Relief Loan Fund Small Business Loan Application

Directions on how to fill out this PDF form

1. Click in the first box and start typing.
2. To move from box to box you can use the tab key or click directly in the next box.
3. The radial button (circle) only allows you to make one choice.
4. The square box allows you to make multiple choices.
5. You will not be allowed to type a letter in any box that requires a number. Your computer will warn you with a beep.
6. Any box that requires you to enter a date - you can either type it in the MM/DD/YY format or click on the date from the drop down calendar.
7. Any box that requires you to enter a phone number or social security number just type in the numbers. The numbers will automatically be arranged into the right format.
8. Any area that has a Total \$ Amount will automatically be calculated from the \$ amounts you entered above in the column.



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Thank you for choosing La Fuerza CDC for your small business needs. La Fuerza CDC is a Long Island based Community Development Financial institution focused on providing local small businesses access to flexible customized loans and ongoing business development assistance. La Fuerza CDC offers free advisory & micro loans to small businesses throughout Long Island.

Thank you for filling out this application. We will use this information to determine how La Fuerza CDC can be of assistance to you. Eligibility is based on accurate and complete submission of request to include required documents.

Eligibility Requirements

- Eligible use of funds: working capital/inventory, equipment, leasehold improvements, debt refinance
- Ineligible businesses/uses: real estate investment or development projects, illegal businesses, gambling, adult and finance industry
- Credit history may be taken into consideration
- Cash flow analysis prior to February 2020 may be taken into consideration

Application Process

1. Initial screening based upon your loan application and credit report, within 3 business days we will determine whether you are pre-qualified and any move forward with the loan application process.
2. Underwriting: if pre-qualified a checklist with the documents and items necessary to start our underwriting process will be provided.
3. Closing: if approved, a closing date is scheduled at the earliest convenience. Additional documentation may be requested and disbursements may be controlled. Conditions to approval may apply.

If you have any questions or need assistance with completing the forms please contact us at (516) 922-8100 or via email at loans@lafuerzadc.org We look forward to working with you.





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It is very important that this Loan Application is fully completed and all applicable fields are properly filled in. Please provide a photo ID along with the application for the applicant, co-borrower(s) and/or guarantor(s).

Loan Prequalification Checklist

Are you over 21 years of age? Yes No

Has your business been fully operating and generating revenue for at least six months OR do you have an additional source of income or financial support outside the business? Yes No

Is your business involved in the adult entertainment industry? Yes No

Is your business involved in the sale of any illegal or counterfeit goods? Yes No

Do any of the following apply to your business? Yes No

- Temporarily closed due to COVID-19 and plans to reopen when allowed or when Economic conditions improve
- Revenue has decreased more than 15% as a result of COVID-19
- Business is changing its operations to provide a needed product or service in response to COVID-19

Do any of the following apply to you (Prior to March 2020)

- Late payments in mortgage or vehicle accounts within the last six months?
- Have you stopped making payments or defaulted on any credit accounts within the last six months?

Do you have a potential co-borrower? Yes No

If yes, please submit co-borrower loan application with your loan application (attached to end of application).

Potential qualified co-borrowers are:

- Co-owners of the business: those with ownership of 20% or more of the business or all partners (in case of partnerships) are required to be on the note.
- Other members of the household whose income can strengthen cash flow.

Have you received a loan from La Fuerza CDC in the past? Yes No





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Loan Information	
Requested loan amount:	Minimum loan request amount:
Use of loan proceeds	Amount Requested
1.	
2.	
3.	
4.	
5.	

Loan Information				
Business Contact Information				
Borrower First Name:		Borrower Last Name:		
Business Mobile Phone #:		Email:		
Preferred contact method:	Business mobile phone	Email	Website	
About Your Business				
Business Name:		Business Tax ID:		
Ownership Structure:	Sole Proprietor	General Partnership	Limited Partnership	LLC
	Corporation	Non-Profit		
Business Location:				
Home	Storefront	Market	Street	Office Building
Other _____				
When did / will you begin operating this business? _____				
Description of Business:				
Ownership (Include every person / entity holding 20% or more of stock).				
Name	Title	% of Ownership		
		%		
		%		
		%		
Business Address				
Street Address:			Apt. or Suite #:	
City, State, Zip Code:			County:	
When did you begin operating at this location?				
Do you own your business location? Yes No				
Business Mailing Address if different from physical address				
Street Address:			Apt. or Suite #:	
City, State, Zip Code:			County:	





COVID-19 Disaster Relief Loan Fund Small Business Loan Application

Financial Information			
Type of Accounting Records:	None	Some (Informal)	Formal Professional
Select the types of bank accounts you have:	Checking	Savings	Purpose: Personal Business
MONTHLY Business Income based on Jan. 2019 - Dec. 2019 estimates		MONTHLY Personal Income based on Jan. 2019 - Dec. 2019 estimates	
		Take home from business	
Average Monthly Gross Sales:		Employment Income (not business)	
Any other verifiable income		Any other verifiable income	
Total Business Income		Total Personal Income	
MONTHLY Business Expenses		MONTHLY Personal Expenses	
Cost of Goods Sold		Food and clothing	
Business Rent / Mortgage		Healthcare, insurance, gasoline, misc.	
Payroll (besides yourself)		Education and childcare	
Utilities		Vehicle and other loan payments	
Credit cards and loan payments		Payments to credit cards	
Insurance, Gasoline, Misc.		Home rent, mortgage & utilities	
Total Business Expenses		Child support alimony	
		Other	
		Total Personal Expenses	
Financial Information (continued)			
<i>Business Liabilities prior to March 2020 (examples: credit debt, accounts payable, loans)</i>			
<i>Item Financed:</i>	<i>Owed to:</i>	<i>Monthly Payment (\$)</i>	<i>Balance (\$)</i>
Personal Information			
First Name:			Last Name:
Mobile / Home phone number:			Email:
Preferred contact method:	phone number	email	
Social security number:			Date of birth:
Driver's license number:			Driver's license state:
Is your home address the same as your business?	Yes	No	
<i>If no, what is your home address?</i>			
Street Address:			Apt. or Suite #:
City, State, Zip Code:			County:
How long have you lived here?			Do you own your home? Yes No





COVID-19 Disaster Relief Loan Fund

Small Business Loan Application

COVID-19 Questions

Please describe the direct and indirect ways COVID-19 has impacted your revenue (i.e. overhead and fixed expenses, local shut down requirements, etc.)

# of employees prior to February 15, 2020:	# of employees after loan:
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If leasing your space, has your landlord offered any rent concessions or extensions?	Yes	No
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Are you still able to sell your product / services?	Yes	No
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What alternative services are you offering in light of COVID-19?
 Please check all that apply: Home delivery In-store pick-up On-line services
 Staggered hours Other (please specify): _____

Please select any aid programs you've applied for or will apply for:

- SBA Economic Injury Disaster Loan
- SBA Economic Injury Disaster Grant
- SBA Paycheck Protection Program
- Unemployment Insurance
- Other (please specify) _____

Socio-Economic Information (Optional)

Veteran / Spouse of a Veteran:	Yes	No	Gender:	Male	Female
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Hispanic / Latino	Yes	No	Refugee / Asylee	Yes	No
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Race:	Black / African-American	Alaska Native American	Indian Native Hawaiian
	Asian	Other Pacific Islander	White
	Other _____		

Are you a certified M/WBE?	Yes	No	Years of Education:
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Marital Status:	Unmarried	Married	Separated	Number of people in household:
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Authorization

I hereby authorize La Fuerza CDC to investigate and verify the above information, and contact any references regarding this application. I also authorize La Fuerza CDC to perform a credit check, which may include obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors from time to time as authorized by law. La Fuerza CDC undertakes to treat the information provided as privileged and confidential. The release of all information by La Fuerza CDC in any manner, is hereby authorized whether such information is of record or not and I hereby release all persons, agencies, firms, companies, etc. from any damages resulting from such information. I understand that La Fuerza will retain this application whether the loan is approved or denied and that I can appeal a Fuerza's decision if the loan is denied.

Applicant Signature: _____ **Date:** _____



COVID-19 Disaster Relief Loan Fund Small Business Loan Application

Co-Borrower Loan Application

Co-borrower Information	
First Name:	Last Name:
Mobile / Home phone number:	Email:
Preferred contact method: phone number email	
Social security number:	Date of birth:
Driver's license number:	Driver's license state:
Is your home address the same as your business? Yes No	
<i>If no, what is your home address?</i>	
Street Address:	Apt. or Suite #:
City, State, Zip Code:	County:
How long have you lived here?	Do you own your home? Yes No

Financial Information (only complete if your address is different from primary applicant's)	
Type of Accounting Records:	None Some (Informal) Formal Professional
Select the types of bank accounts you have:	Checking Savings Purpose: Personal Business
MONTHLY Income	MONTHLY Expenses
Take home from business	Food and clothing
Employment Income (outside of business)	Utilities
	Education and childcare
Spouse Income (If co-borrowers)	Vehicle and other loan payments
Any other verifiable income	Payments to credit cards
Total Personal Income	Healthcare, insurance, gasoline, misc.
	Home rent or mortgage
	Child support alimony
	Other
	Total Personal Expenses

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Applicant Signature: _____ **Date:** _____





Required Loan Documents

1. **Completed and Signed Business Loan Application**
2. **A Business Plan:**
 - a. Plan should contain a 5 year financial projection
 - b. For established businesses in lieu of a Business Plan a Project Analysis will be acceptable.
3. **Business Financial Statements:**
 - a. Audit (preferred) of last three years financial statements **or**
 - b. Review statements with full footnotes **or**
 - c. Compilation with full footnotes **or**
 - d. Signed Business Tax Returns with IRS (3 years) – **Must include Balance Sheet****We May Also Request:**
 - e. Most recent quarterly interim financial statement (may be internally prepared).
 - f. Sources and uses of cash budget.
4. **Other Information that may be requested:**
 - a. Listing and aging of Accounts receivable.
 - b. Listing and aging of Accounts payable.
 - c. List of 5 suppliers (name, phone number & contact person) include account number
5. **Forms of Identification (Any TWO):**
 - a. Passport from country of Birth.
 - b. Residence card.
 - c. Driver's license.
 - d. Birth certificate.
 - e. County Park ID Card.
6. **Proof of Home Address:**
 - a. Lease or rental agreement.
 - b. Telephone and/or electric bill from residence.
 - c. Landlord name and phone number.
7. **Proof of Business Address & Insurance:**
 - a. Copy of lease with Landlord's name and phone number (if different from home)
 - b. Copy of General Insurance Policy.
 - c. Copy of Personal Life Insurance Policy

8. **Proof of Business Ownership and Legal Structure:**
 - a. Copy of Certificate of Incorporation with supporting papers (stock certificates and incumbency-certificate which we will supply)
 - b. LLC, LLP, DBA certificate or Partnership papers/agreements.
 - c. Bill of sale or contract proving purchase of business.

9. **Any licenses required in your industry**

10. **Bank/Securities Broker's Statements if available:**
 - a. Business statements for last three months.
 - b. Personal statements for last three months.
 - c. Name, address, telephone and contact person of Bank.

11. **Personal Tax Returns:**
 - a. Three prior year personal income tax filings with IRS.

12. **Itemized List of how loan funds will be used**