



## *Start-up Small Business Requirements*

Checklist:

- Completed credit application form, signed and dated
- Business Plan
- Family Budget
- Personal Financial Statement
- Cash flow projections for the first 12 months the business will in operation
- Detailed list of collateral now available and being acquired with loan proceeds
- Minority Statement, signed and dated
- Proof of equity investment
- Copy of Driver's License
- Copy of Tribal Enrollment or CDIB card

## Your Business

Please provide us with information on your business.

### Operating Your Business

1. Please give the name, address, telephone number of your business (include cell numbers, if available).

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2. Describe the type of product or service your business will offer.

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3. Is your business:

- Start up  
 Currently operating since \_\_\_\_\_

4. What type of industry: (please check all that apply)

- Service  
 Retail  
 Wholesale

5. Please list any state/and or federal licenses your business is required to have in order to operate. Do you currently have this license?

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6. Will this business operate \_\_\_\_full-time \_\_\_\_part-time \_\_\_\_seasonally?

7. Not including yourself, this business will currently employ:

#\_\_\_\_full-time employees #\_\_\_\_part-time employees

8. What is the average number of hours you will be working?

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9. Why did you choose this type of business?

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10. What is your experience in this type of business?

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11. Have you previously owned a business? If yes, why are you no longer in that business?

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12. Will this business be your primary source of income?  Yes  No

13. What are your business goals for the first year of operation?

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14. Are you currently employed outside of this business?  Yes  No

14.1. If yes, please provide employer's name, address, and telephone number.

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14.2. What are your work hours? \_\_\_\_\_

14.3. What is your job title? \_\_\_\_\_

14.4. How long have you been employed with above employer?  Years  Months?

14.5. Do you plan to keep this job while operating your business?  Yes  No

#### Business Sales Information

1. What is your average sale amount per customer? \_\_\_\_\_

2. How many customers will you serve each day? \_\_\_\_\_

3. What are your total monthly sales? \_\_\_\_\_

4. What are your total monthly expenses?

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5. What are your lowest sales months? \_\_\_\_\_

6. When is your peak season?  Fall  Winter  Spring  Summer

#### Intended Use of Loan Funds

Working Capital: \_\_\_\_\_

Inventory: \_\_\_\_\_

Equipment: \_\_\_\_\_

Property improvements: \_\_\_\_\_

Other: \_\_\_\_\_

**Total loan request:** \_\_\_\_\_



## Family Budget

Please list all family members that live in the household along with their names and ages:

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### Income

Wages	_____
Spouse	_____
Other Income	_____
Other Income	_____
Public assistance	_____

\* (please list the type of assistance that your family receives)

**Total Income:** \_\_\_\_\_

### Expenses

Auto	_____
Childcare	_____
Clothing	_____
Food	_____
Education	_____
Medical	_____
Rent/Mortgage	_____
Home Repairs	_____
Other	_____
Utilities	_____
Entertainment	_____

**Total Expenses:** \_\_\_\_\_

**Income, Less Expenses:**                      \$ \_\_\_\_\_

Personal Financial Statement

Prepared as of: \_\_\_\_\_

**Assets:**

Cash – Checking Accounts	_____
Cash – Savings Accounts	_____
Notes (Contracts) – Owed to you	_____
Certificates of Deposits	_____
Life Insurance (Cash Value)	_____
Securities – Stocks, Bonds	_____
Real Estate (Market Value)	_____
Vehicles (Market Value)	_____
Individual Retirement Plans	_____
Other Assets (Specify)	_____

**Total Assets:** \_\_\_\_\_

**Liabilities:**

Current Bills – you owe	_____
Mortgages on Real Estate	_____
Loans You – Owe	_____
Taxes You – Owe	_____
Other Liabilities	_____

**Total Liabilities:** \_\_\_\_\_

**Net Worth:** \_\_\_\_\_

(Total assets minus total liabilities equal Net Worth)

## Monthly Cash Flow Statement

Applicant Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

*Show only future numbers, not past*  
*Show only cash, not the value of other items*  
*Round off numbers to the nearest dollar. Example: \$232, not \$231.69*

	See footnotes below	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
1	Beginning Cash													
<b>CASH IN</b>														
2	Equity													
3	Sales													
4	Other Revenue													
5	Loans													
6	<b>Total Cash In</b> (add lines 2 thru 5)													
<b>CASH OUT</b>														
7	Inventory/ Materials													
8	Equipment/Sales													
9	Business Rent													
10	Employee's Salaries													
11	Other													
12	Loan Payments													
13	<b>Total Cash Out</b> (add lines 7 thru 12)													
14	Ending Cash													

1. Beginning Cash for Month 1 is the cash you have right now to put into the business.
2. Equity is money you, the Owner or others put into the business, which does not have to repay (at least not in the short-term).
3. Include the amount of the micro enterprise loan for which you are applying.
4. Estimate the monthly payment amount for the micro enterprise loan, a loan officer will assist you with this number, if needed.
5. To calculate the Ending Cash, add Beginning Cash (line 1) and Total Cash In (line 6), then subtract Total Cash Out (line 13).

Please list any questions that you may have for your loan officer so that they can be addressed:

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**Minority Statement**

I \_\_\_\_\_ doing business as, \_\_\_\_\_ agree to hire  
(Print your Name) (Name of your Business)

minority and moderate to low income individuals.

\_\_\_\_\_  
(Loan Applicant Signature)

\_\_\_\_\_  
(Date)