

PARTNERS FOR SELF-EMPLOYMENT, INC.

DATE OF APPLICATION: _____ AMOUNT REQUESTED \$ _____

APPLICANT'S NAME (S): _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

_____ CITY STATE ZIP

CONTACT INFORMATION: _____
PHONE FAX EMAIL ADDRESS

TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS BUSINESS LOCATION: _____ HOME _____ STOREFRONT _____ OTHER

OCCUPATIONAL PERMIT #: _____ IF NOT OPERATING AT FULL CAPACITY, PLEASE EXPLAIN WHY?

BUSINESS LICENSE #: _____

FEIN #: _____

PLEASE LIST ALL OWNERS AND PROVIDE THE FOLLOWING INFORMATION ON EACH:

Name: _____ Address: _____ _____ Home Phone #: _____ DOB: _____ SS #: _____ % of Ownership: _____	Name: _____ Address: _____ _____ Home Phone #: _____ DOB: _____ SS #: _____ % of Ownership: _____
Name: _____ Address: _____ _____ Home Phone #: _____ DOB: _____ SS #: _____ % of Ownership: _____	Name: _____ Address: _____ _____ Home Phone #: _____ DOB: _____ SS #: _____ % of Ownership: _____

PARTNERS FOR SELF-EMPLOYMENT, INC.

FOR WHAT PURPOSE DO YOU INTEND TO USE THE REQUESTED LOAN FUNDS? _____

PROVIDE BRIEF ANALYSIS OF USE OF FUNDS:

- 1) EQUIPMENT/ MACHINERY (List) _____ \$ _____
- 2) TRANSPORTATION EQUIPMENT (List) _____ \$ _____
- 3) INVENTORY (What type) _____ \$ _____
- 4) STOCK PURCHASE (Acquisition Only) _____ \$ _____
- 5) WORKING CAPITAL _____ \$ _____
- 6) OTHER (Provide Explanation) _____ \$ _____

REPAYMENT TERMS REQUESTED: _____ SOURCES OF FUNDS FOR REPAYMENT (DETAILED): _____

BUSINESS DATA:

TYPE OF BUSINESS: Retail Service Manufacturing Other (Explain): _____

ARE YOU CURRENTLY APPLYING FOR OR HAVE YOU EVER RECEIVED A LOAN FROM A PUBLIC SOURCE?

SBA MIAMI CAPITAL DEEDCO BAC FINANCIAL CDC OTHER

If "Other", what is the Source? _____

IF YOU HAVE EVER RECEIVED A LOAN, WHAT WAS THE AMOUNT? \$ _____

BUSINESS CHECKING ACCOUNT NUMBER: _____ OTHER BUSINESS ACCOUNT NUMBER: _____
BANK NAME: _____ BANK NAME: _____
BANK TELEPHONE: _____ BANK TELEPHONE: _____
CONTACT: _____ CONTACT: _____
BALANCE: _____ BALANCE: _____

TYPE OF COLLATERAL: _____ CONDITION OF COLLATERAL: ____ NEW ____ USED
YEAR, MAKE, MODEL: _____ SPECIAL OPTIONS: _____
CASH PRICE \$: _____ BANK VEHICLE ID#: _____
DO YOU OWN FREE & CLEAR: _____ YES _____ NO BALANCE OWED \$: _____
BANK: _____ TELEPHONE: _____

PARTNERS FOR SELF-EMPLOYMENT, INC.

WHO ARE YOUR CUSTOMERS? _____

WHERE DO YOU SELL YOUR PRODUCTS? _____

WHERE DOES THE BUSINESS GET ITS SUPPLIES /MATERIALS? _____

HOW DO YOU PAY FOR SUPPLIES /MATERIALS? _____ CASH _____ CREDIT _____ OTHER

COMMERCIAL REFERENCES: (Businesses or people you do business with or buy materials from or you sell to):

NAME OF BUSINESS: _____

NAME OF BUSINESS: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE NUMBER:(_____) _____

TELEPHONE NUMBER:(_____) _____

SERVICE PROVIDED TO THEM OR FROM THEM: _____

SERVICE PROVIDED TO THEM OR FROM THEM: _____

MONTHLY REVENUE OR EXPENSE FROM THIS VENDOR

MONTHLY REVENUE OR EXPENSE FROM THIS VENDOR

OR CUSTOMER: _____

OR CUSTOMER: _____

(USE AN ATTACHMENT IF NECESSARY)

PERSONAL DATA:

ARE YOU A U.S. CITIZEN? YES _____ NO _____ IF NO, ALIEN REGISTRATION #: _____

(A COPY OF VOTER'S REGISTRATION CARD OR ALIEN REGISTRATION CARD WILL BE REQUIRED TO PROVIDE PROOF OF ELIGIBILITY)

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER PHONE: _____

TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS DO YOU _____ RENT _____ OWN _____ OTHER _____

DO YOU HAVE A _____ FULL _____ PART TIME JOB DESCRIPTION/POSITION: _____

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: (____) _____ WORK FAX: (____) _____

NAME OF YOUR SUPERVISOR: _____

LENGTH OF TIME WITH CURRENT EMPLOYER? _____ YEARS _____ MONTHS DAYS YOU WORK AT THIS JOB: _____

MONTHLY SALARY: \$ _____ (Please provide a copy of recent paystub)

PARTNERS FOR SELF-EMPLOYMENT, INC.

PERSONAL REFERENCES: (Friends or Neighbors):

FAMILY REFERENCES: (Relatives who live in Florida or the US):

NAME OF YOUR LANDLORD: _____

NAME: _____ RELATION _____

ADDRESS _____

ADDRESS _____

TELEPHONE NUMBER: (_____) _____

TELEPHONE NUMBER: (_____) _____

NAME: _____

NAME: _____

ADDRESS _____

ADDRESS _____

TELEPHONE NUMBER: (_____) _____

TELEPHONE NUMBER: (_____) _____

Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you but an incorrect answer will probably cause your application to be turned down.

Are you presently under indictment, on parole or on probation? Yes No
If yes, provide details in an attachment. List name(s) under which held, if applicable.

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Yes No
If yes, provide details in an attachment. List name(s) under which held, if applicable.

Have you ever been convicted of any criminal offense other than a minor motor vehicle violation? Yes No
If yes, provide details in an attachment. List name(s) under which held, if applicable.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The law provides that a lender may not discriminate on the basis of the applicant's race, sex, or national origin, or any other prohibited basis as established under the equal credit opportunity act (ECOA). Partners for Self-Employment, Inc. d/b/a Micro-Business, USA is a not-for-profit agency that receives funding from governmental and federal agencies. Therefore, we are required to request that the applicant complete the following information for statistical reporting purposes to these agencies solely and will not use the information supplied in this section in evaluating the application. If you choose not to furnish this information and you have made this application in person, under federal regulations the lender is required to note race, or national origin and sex on the basis of visual observations or surname.

Race or national origin

_____ American Indian, Alaskan Native _____ Asian, Pacific Islander _____ African-American (specify) _____
_____ Hispanic (specify) _____ _____ Caucasian _____ Other (Specify) _____

Sex

_____ Female _____ Male

Sex Of Head Of Household

_____ Female _____ Male

Ethnicity: Black _____ Hispanic _____ Caucasian _____ Native American _____ Other (Specify) _____

in Household: _____

Total Household Income: \$ _____

Location: Rural _____ Urban _____

PARTNERS FOR SELF-EMPLOYMENT, INC.

Veteran Status

_____ Non-Veteran _____ Vietnam-Era Veteran _____ Other Veteran

Jobs Created/Retained:

_____ # Created with this Loan _____ # Retained with this Loan

I CLEARLY UNDERSTAND, THAT I AM REQUIRED TO PROVIDE ALL RECORDS NECESSARY THAT MAY BE REQUESTED. THEREFORE, I HEREBY AUTHORIZE MICRO-BUSINESS, USA TO OBTAIN ANY PERSONAL AND/OR BUSINESS OR OTHER INFORMATION DEEMED NECESSARY TO FURNISH THE ASSISTANCE THAT I REQUEST. I HEREBY WAIVE ALL CLAIMS AGAINST ITS CONSULTANTS AND AUTHORIZED REPRESENTATIVES. THE SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

I ATTEST THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. ANY INFORMATION SUBSEQUENTLY DETERMINED TO BE FALSE, WILL RESULT IN REJECTION OF THE LOAN APPLICATION. IN THE EVENT OF A CHANGE IN STATUS, PREVIOUSLY REFLECTED IN THE APPLICATION, THE APPLICANT MUST INFORM PSE AS SOON AS POSSIBLE. I ATTEST THAT IF I RECEIVE A LOAN FROM MICRO-BUSINESS, USA IT WILL BE USED FOR THE BUSINESS PURPOSES SPECIFIED IN THIS APPLICATION AND NOT FOR PERSONAL USE. I UNDERSTAND I WILL BE REQUIRED TO PAY A \$100 APPLICATION AT THE TIME OF SUBMITTAL OF THIS APPLICATION.

APPLICANT(S) SIGNATURE: _____ DATE _____

PLEASE PRINT YOUR NAME: _____