Business Development Loan

Community Concepts Finance Corporation
17 Market Square S.Paris, ME 04281
Phone (207)-333-6419 Fax (207) 333-6594
www.MaineBusinessLending.com

For Loans not to Exceed $1,000

This Application is for a Business **LOAN,** not a grant. Repayment is not only expected but legally required. Loan funds will provide Working Capital to be used for start-up expenses including Attorney fees, accounting and licensing. Recipients may qualify for free Technical Assistance in developing a comprehensive Business Plan and/or financial package.

Business Information

Name of Business: _____ Tax ID # _____
Business Address: _____ Phone# _____
City: _____ State _____ Zip: _____ County: _____
Legal Entity: **O** Sole Proprietor **O** Partnership **O** LLC **O** Corporation **O** Other
Length of Business Ownership: _____ Yrs _____ Mos **OR** **O** Startup Percent of Ownership* _____

***Each individual owning 20% or more of the business must complete a separate Form.**

Personal Information

Applicant Name: _____ Soc Sec #: _____
Home Address: _____ Phone #: _____
City: _____ State _____ Zip: _____ Household Income: _____
Email Address: _____ Drivers License # _____ State _____
Marital Status: **O** Married **O** Unmarried (single/divorced/widowed) Date of Birth:

O Female **O** Male	**Veteran Status**	**Race/Ethnicity**	
Business Income is:	**O** Non Veteran	**O** Black	**O** Asian/Pacific
O Supplementary Income	**O** Vietnam Veteran	**O** Hispanic	**O** Native/Eskimo
O Sole Source of Income	**O** Other Veteran	**O** White	**O** Other

Have you ever been convicted of a Felony? **O No** **O** Yes, Type & Date Filed: _____
Do you have any collection items, child support payments, judgments, or unpaid taxes (personal or business **O** No **O** Yes
Are you or your business involved in any pending lawsuits? O No O Yes
Are you a US citizen? O No O Yes Are you a permanent resident alien O No O Yes

Business Description and History:

_____
_____

Have you received business counseling in the past?: _____ If yes, by whom?: _____
Do you have a current depository banking relationship?: _____ If yes, with whom?: _____
How did you hear about us?:

Application Checklist

- [ ] Signed Application with Fee
- [ ] 2 Forms of Identification
- [ ] 1 years business tax returns, **or if start-up:**
- [ ] Personal tax return + 3m banks statements

Authorization & Certification

I/We authorize Community Concepts Finance Corporation (CCFC) and/or its agents to make any investigations of credit either directly or through any agency which has credit information. I/We agree that this application and any attachments shall remain CCFC's property whether or not the loan is granted. I/We hereby certify that all information contained in this document and any attachments is true and correct to the best of my/our knowledge. In addition, it is understood that neither CCFC nor its agents will directly benefit from this relationship. CCFC does not warrant or guarantee in any manner that its assistance will result in business success. I/We specifically waive and release any claims now or in the future regarding the assistance provided by CCFC and / or its agents.

Applicant Signature Title Date

Please include an application fee (check/money order of $45.00 made payable to CCFC)

For Office Use Only: Loan Amount: $1,000 Interest Rate: 8% Term: 14 Months Payments Deferred: 2 Months

- [ ] Application Complete Date Received: _____ Underwritten By: _____

Credit Score :_____ Monthly Payment: $86.99 Available Debt Service: _____

- [ ] **Approved** - [ ] **Denied** _____ Date : _____

CCFC Authorizing Official

Intake Form

Community Concepts Finance Corporation
17 Market Square S.Paris, ME 04281
Phone (207)-333-6419 Fax (207) 333-6594
www.CCFCMaine.org

Community Concepts Finance Corp is a U.S. Treasury certified Community Development Finance Institution (CDFI) that uses Federal and State funds. For this reason we are required to collect the following demographic and impact assessment information.

Business Information

Name of Business: _____ Tax ID # _____

Business Address: _____ Phone# _____

City: _____ State _____ Zip: _____ County: _____

Legal Entity: **O** Sole Proprietor **O** Partnership **O** LLC **O** Corporation **O** Other

Length of Business Ownership: _____ Yrs. **OR** **O** Startup Percent of Ownership* _____

Previous Year Gross Income: _____ Previous year Net Income: _____

Current Annual Payroll Expense: _____ Number of Full Time Employees: _____ Part time: _____

***Each individual owning 20% or more of the business must complete a separate form.**

Personal Information

Applicant Name: _____ Date of Birth: _____

Home Address: _____ Soc Sec #: _____

City: _____ State _____ Zip: _____ Household Income: _____

Marital Status: **O** Married **O** Unmarried (single/divorced/widowed) Number in Household: _____

Email Address: _____ Phone Number: _____

O Female **O** Male	**Veteran Status**	**Race/Ethnicity**	
Business Income is:	**O** Non Veteran	**O** Black	**O** Asian/Pacific
O Supplementary Income	**O** Vietnam Veteran	**O** Hispanic	**O** Native/Eskimo
O Sole Source of Income	**O** Other Veteran	**O** White	**O** Other

Legal History

Have you ever been convicted of a Felony? **O No** **O** Yes, Type & Date Filed: _____

Do you have any collection items, child support payments, judgments, or unpaid taxes (personal or business **O** No **O** Yes

Are you or your business involved in any pending lawsuits? O No O Yes

Are you a US citizen? O No O Yes Are you a permanent resident alien O No O Yes

Business Detail

What Assistance are you seeking? **O** Business Loan **O** Business Counseling **O** Technical Assistance

Business Description: _____

Specific Needs: _____

Have you received business counciling in the past?: _____ If yes, by whom?: _____

Do you have a current depository banking relationship?: _____ If yes, with whom?: _____

How did you hear about us?: _____