


# Women's Venture Fund



## LOAN APPLICATION

The documents listed below are required for Women's Venture Fund loan consideration.

Please keep in mind that your ability to provide us with the information and documentation requested determines how quickly your loan application will be processed.

**Women's Venture Fund Loan Application Checklist:**

- Completed Program Application Form
- Signed and Completed Credit Check Authorization Form
- Personal Bank Statements (minimum 3 month's history)
- Business Tax Returns (*minimum 2 year's history*)
- Personal Tax Returns (*minimum 2 year's history*)
- Product Samples and/or Literature on Product or Service Offered
- Detailed use of proceeds
- Incorporation Documents
- \$75.00 Application Processing Fee for Loans over \$1,000. \$50 Application Fee for Loans \$1,000 or less. (*cash or check*).

**RETURN THE COMPLETED APPLICATION PACKAGE TO THE ADDRESS INDICATED BELOW,  
"ATTENTION: LOAN PROGRAM".**

## LOAN APPLICATION FORM

	BORROWER INFORMATION	GUARANTOR INFORMATION
Name:		
SSN:		
Resident Address:		
City:		
State:		
Zip :		
Email:		
Home Number		
Mobile Number:		
<b>ETHNIC BACKGROUND</b>		
African		
Asian		
Caucasian		
Latina		
Pacific Islander		
Other: (specify)		
Hispanic:    Yes    No		
<b>MARITAL STATUS</b>		
Single		
Married		
Divorced		
# children under 18		
# Dependents		

	Applicant			Guarantor		
	Yes	No	Date	Yes	No	Date
Are you a legal resident of the United States?						
Have you ever been involved in any legal action?						
Have you ever had a judgment against you?						
Have you ever declared Bankruptcy?						
Are you a partner or officer in any other venture?						

## LOAN APPLICATION FORM

### BUSINESS INFORMATION

Name:		Business EIN:	
Business Legal Name:		DBA (Doing Business As):	
Business Street Address:			
City:	State:	Zip:	Neighborhood:
Business Start Date:			
Email Address:			

### BUSINESS CHARACTERISTICS

Industry: <input type="checkbox"/> Food Restaurant <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Arts <input type="checkbox"/> Other:		
Entity Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Side Proprietor <input type="checkbox"/> Other:		
Brief Business Description:		
Year Business Established (e.g. 2013)	Years in Operation	<input type="checkbox"/> Minority-owned <input type="checkbox"/> Women Owned
NAME:		
<b>LOAN REQUEST:</b>		
Loan Amount Requested: \$	Existing Loan from Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	Asked Bank for Loan <input type="checkbox"/> Yes <input type="checkbox"/> No
Use of Fund:	Comments (Optional):	

## BUSINESS DESCRIPTION (CONT'D)

Total dollar amount of loan requested: \_\_\_\_\_ \$ \_\_\_\_\_

Total dollar amount you have invested in the business so far: \_\_\_\_\_ \$ \_\_\_\_\_

Briefly describe your Product or Service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to help us understand your goals and motivation, briefly describe why this business is important to you. Is this your "dream business", or is this the first step to running your dream business?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach an itemized budget for the requested loan amount. Specify exactly how loans will be used.

Item	Description/Purpose	Cost/Amount
_____	_____	\$ _____
_____	_____	\$ _____

Describe your current customer base:

- Female      Age Range: From \_\_\_\_\_ to \_\_\_\_\_ years      Est. % of Your Business \_\_\_\_\_%
- Male      Age Range: From \_\_\_\_\_ to \_\_\_\_\_ years      Est. % of Your Business \_\_\_\_\_%
- African-American      Est. % of Your Business \_\_\_\_\_%
- Asian      Est. % of Your Business \_\_\_\_\_%
- Caucasian      Est. % of Your Business \_\_\_\_\_%
- Hispanic      Est. % of Your Business \_\_\_\_\_%
- Other (Specify): \_\_\_\_\_ Est. % of Your Business \_\_\_\_\_%
- Located in Neighborhood (Specify): \_\_\_\_\_ Est. % of Your Business: \_\_\_\_\_%
- Located Outside Neighborhood (Specify): \_\_\_\_\_ Est. % of Your Business: \_\_\_\_\_%

Specify your Days and Hours of Business Operation:

Sundays      from \_\_\_\_\_ AM / PM      to \_\_\_\_\_ AM / PM

Mondays      from \_\_\_\_\_ AM / PM      to \_\_\_\_\_ AM / PM

Tuesdays      from \_\_\_\_\_ AM / PM      to \_\_\_\_\_ AM / PM

Wednesdays      from \_\_\_\_\_ AM / PM      to \_\_\_\_\_ AM / PM

Thursdays      from \_\_\_\_\_ AM / PM      to \_\_\_\_\_ AM / PM

Fridays      from \_\_\_\_\_ AM / PM      to \_\_\_\_\_ AM / PM

Saturdays      from \_\_\_\_\_ AM / PM      to \_\_\_\_\_ AM / PM

## AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

### To whom it may concern:

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(Name of Professional maintaining financial records)

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(Tel:)

(Email)

You are hereby authorizing the above named professional who has maintained your financial records, to release documents or records requested by the [Women's Venture Fund, Inc.](#) as may be needed regarding information to complete our review of your application. Such documentation may include, but is not limited to items such as balance sheets, income statements, cash flow statements and other forms of financial statements, tax information, and any back up information corroborating the information on these documents.

A copy of this authorization may be accepted as an original.

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(Applicant Signature)

(Date)

(Social Security Number)

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(Guarantor Signature)

(Date)

(Social Security Number)

## CREDIT CHECK AUTHORIZATION FORM

I authorize the Women's Venture Fund, Inc. to order and obtain a credit report in connection with my application or as a guarantor for a loan applicant, and in consideration for the Fund's loan program.

Please send this completed form to the Women's Venture Fund at  
220 5<sup>th</sup> Avenue, 9<sup>th</sup> Floor  
New York, NY 10001

Or Email to: [program@wvf-ny.org](mailto:program@wvf-ny.org)

If you have any questions, please call (212) 485-6520

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_