

# Women's Venture Fund



## LOAN APPLICATION

### LOAN APPLICATION CHECKLIST

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:**

**Page #(s)**

- Completed Program Application Form
- Signed and Completed Credit Check Authorization Form
- Business Bank Statements (minimum 3 month's history)
- Personal Bank Statements (minimum 3 month's history)
- Business Tax Returns (*minimum 2 year's history*)
- Personal Tax Returns (*minimum 2 year's history*)
- Resume of all principals
- Completed Business Description Form or Business Plan
- Customer List and Sample Customer Contracts
- Supplier List and Sample Supplier Contracts
- Product Samples and/or Literature on Product or Service Offered
- Detailed use of proceeds
- Existing Lease Terms
- Incorporation Documents
- For loan requests under \$10,000 - \$150 Application Processing Fee (*cash or check*)
- \$250 Application Processing Fee (*cash or check*) for all other requests

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

**Women's Venture Fund Inc.  
220 Fifth Ave.  
New York, NY 10001  
Tel. (212) 485-6250**

**Website: [www.womensventurefund.org](http://www.womensventurefund.org)  
E-Mail: [program@wvf-ny.org](mailto:program@wvf-ny.org)**

## LOAN APPLICATION FORM

	BORROWER INFORMATION	CO- APPLICANT 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			Co-Applicant		
	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):	

## LOAN APPLICATION FORM

	APPLICANT	CO-APPLICANT
<b>CURRENT MONTHLY INCOME &amp; EXPENSES</b>		
<b>INCOME</b>		
Salary		
Commissions		
Bonus		
Interest		
Dividends		
Real Estate		
Other Income from alimony, child support or separate maintenance payments need not be revealed)		
<b>TOTAL MONTHLY INCOME</b>		
<b>EXPENSES</b>		
Rental Payments		
Mortgage payments		
Installment credit payments		
Alimony, child support or separate maintenance payments		
<b>TOTAL MONTHLY EXPENSES</b>		

*I understand that the loan I am applying for is part of an overall program. The Women's Venture Fund is committed to helping me build my business and it begins with this loan application. The application process includes workshops for perfecting my business plan where I am free to choose a number of marketing and financial labs offered in conjunction with filling this application out fully. I agree to actively participate in the Women's Venture Fund Loan Program.*

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

# COMPLETED BUSINESS DESCRIPTION FORM

## BUSINESS DESCRIPTION – OR SUBMIT BUSINESS PLAN

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone number: \_(\_\_\_\_\_)\_\_\_\_\_ Fax number: \_(\_\_\_\_\_)\_\_\_\_\_

Percentage of business owned by applicant: \_\_\_\_\_

Home-based business:  yes  no Date started business (mm/dd/yy): \_\_\_\_\_

Do you work at your business:  full-time  part-time No. hours worked per week: \_\_\_\_\_

Have you developed a business plan:  yes  no (If yes, please attach to loan application.)

Do you have a marketing plan:  yes  no (If yes, please attach to loan application.)

Entrepreneurship courses attended:

Course Name	Dates Attended	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other household income: \$\_\_\_\_\_ Specify Source: \_\_\_\_\_

List all Business debts:

Lender/Creditor Name	Type of Debt (credit card/bank loan/other)	Amount Owed
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

Do you have other partners or investors in the business:  yes  no

Partner/Investor Name	Address	% Ownership	Amount Invested
_____	_____	_____%	\$_____
_____	_____	_____%	\$_____
_____	_____	_____%	\$_____

Do you have a business bank account:  yes  no Bank Name: \_\_\_\_\_

Do you have a personal bank account:  yes  no Bank Name: \_\_\_\_\_

## 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:

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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?

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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

## BUSINESS DESCRIPTION (CONT'D)

How do you currently sell your product or service:

- Retail Outlets (Specify): \_\_\_\_\_
- Internet (Specify Sites): \_\_\_\_\_
- Street Fairs (Specify): \_\_\_\_\_
- Trade Shows (Specify): \_\_\_\_\_
- Home Parties \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

List how you currently advertise your product or service:

Media	Frequency (Weekly/Monthly/Other)	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Describe how you plan to reach new customers and new markets: (or Submit Marketing Plan)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many employees does your business currently have: \_\_\_\_\_

When is the heaviest selling period for your business:

- Spring
- Summer
- Fall
- Winter
- Other Cycle (Specify): \_\_\_\_\_

Specify both the cost and selling price of your product(s) or service(s):

Product / Service	Cost	Selling Price
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

How many hours does it take to make your product or deliver your service: \_\_\_\_\_

What are the unique advantages and features of your product or service over your competitors' products or services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who are your business competitors:

Name	Product / Service	Price
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please add any comments that might help us better understand how you conduct your business. Attach additional sheets as necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## COLLATERAL OPTIONS FORM

Collateral is security, pledges of guarantee, or insurance for Women's Venture Fund that you will pay the full amount of your loan.

Items of collateral would have the same value as the amount of the loan that you are requesting.

In the event that you cannot repay your loan, your stated collateral would be sued in exchange for the repayment.

Please check any items that can be used as collateral for your loan, and list their dollar value:

CHECK	ITEM	DOLLAR VALUE
<input type="checkbox"/>	Car / Vehicle	\$ _____
<input type="checkbox"/>	House	\$ _____
<input type="checkbox"/>	Store	\$ _____
<input type="checkbox"/>	Equipment (Specify) _____	\$ _____
<input type="checkbox"/>	Savings Account	\$ _____
<input type="checkbox"/>	Other (Specify) _____	\$ _____
<input type="checkbox"/>	Personal Guarantor: (Additional \$40 service charge applies)	**Guarantor must fill out Guarantor's Credit Check Authorization
	Name and Address of Guarantor: _____ _____ _____	Telephone # of Guarantor: _____
	Relationship to Applicant:	_____

# 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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(Applicant 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: \_\_\_\_\_

## BALANCE SHEET

BALANCE SHEET AS OF _____, 20_____. (If not as of date signed below)			
ASSETS	AMOUNT	LIABILITIES	AMOUNT
<b>Cash or Equivalent</b> (Total from Schedule A)		<b>Mortgages Payable</b> (Total from Schedules E and F)	
<b>Stocks &amp; Bonds</b> (Total from Schedule B)		<b>Other Notes Payable</b> (Total from Schedule G)	
<b>Accounts &amp; Notes Receivable</b> (Total from Schedule C)		Taxes Payable	
<b>Cash Value of Life Insurance</b> (Total from Schedule D)		<b>Policy Loan – Life Insurance</b> (Total from Schedule E)	
<b>Real Estate</b> (Total from Schedules E and F)		Auto Loans	
Autos		Other Liabilities (itemize below)	
Equity in Business Interests			
Personal Property			
IRA & Deferred Compensation Plans			
Other Assets (itemize below)			
		TOTAL LIABILITIES	
		NET WORTH	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</b>	

**The information contained in this statement is provided for the purpose of obtaining or maintaining credit with you on my/our behalf or on the behalf of persons, firms or corporations in whose behalf I/we may, either severally or jointly with others, execute a guaranty in your favor. I/we understand that you are relying on this information (including the designation made as to ownership of property) in deciding to grant or continue credit. I/we represent and warrant that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by me/us. I/we agree to notify you promptly of any such change. You are authorized to check the statements made on this form, and to determine my/our creditworthiness. You will tell me/us upon request whether or not a consumer report was requested and, if so, inform me/us of the name and address of the consumer reporting agency. You are authorized to answer questions about your credit experience with me/us. You may order additional consumer reports and otherwise check my/our credit at any time while credit is outstanding in conjunction with an update, renewal, refinance, or extension of such credit or in connection with collection efforts. You may retain this statement whether or not credit is approved.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20\_\_\_\_

**Co-Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20\_\_\_\_

**SCHEDULE A: Cash or Equivalent (Checking Accounts, Savings Accounts and Certificates of Deposit)**

Type	Name of Financial Institution	In Name of	Amount	Pledged	
				Yes	No
		TOTAL			

**SCHEDULE B: Stocks & Bonds**

# of Shares or Par Value of Bonds	Description (Indicate if securities are restricted by contract or by SEC regulation)	In Name of	Market Value	Pledged	
				Yes	No
		TOTAL			

**SCHEDULE C: accounts and Notes Receivable**

Name of Debtor	Collateral	Payable	Payable to Whom	Maturity Date	Unpaid Balance
		\$ per			
		\$ per			
				TOTAL	

**SCHEDULE D: Life Insurance**

Amount	Insurance Company	Policy Owner	Beneficiary	Cash Value	Loans
		\$ per			
		\$ per			
			TOTAL		

<b>SCHEDULE E: Real Estate (Partially Owned)</b>										
<b>Address and Type of Property/ Title in Name of</b>	<b>Percent Owned</b>	<b>Month/ Year Purchased</b>	<b>Purchase Price</b>	<b>Monthly Gross Income</b>	<b>Monthly Expenses</b>	<b>Monthly Mortgage Payment</b>	<b>Monthly Net Income</b>	<b>Present Market Value</b>	<b>Current Mortgage Balance</b>	<b>Equity</b>
			<b>TOTAL</b>							

<b>SCHEDULE F: Real Estate (100% Owned)</b>										
<b>Address and Type of Property/ Title in Name of</b>	<b>Month/ Year Purchased</b>	<b>Purchase Price</b>	<b>Monthly Gross Income</b>	<b>Monthly Expenses</b>	<b>Monthly Mortgage Payment</b>	<b>Monthly Net Income</b>	<b>Present Market Value</b>	<b>Current Mortgage Balance</b>	<b>Equity</b>	
			<b>TOTAL</b>							

<b>SCHEDULE G: Other Debts Owed (Lines of Credit, Installment Loans or Other Obligations to Banks, Credit Unions or Other Finance Companies)</b>						
<b>Name of Lender</b>	<b>Borrower</b>	<b>Date</b>		<b>Amount Outstanding</b>	<b>Secured</b>	
		<b>Made</b>	<b>Due</b>		<b>Yes</b>	<b>No</b>
			<b>TOTAL</b>			

<b>ADDITIONAL INFORMATION</b>