MERRIMACK VALLEY SMALL BUSINESS CENTER
MICROLOAN PROGRAM – LOAN INQUIRY FORM

Date: __ / __ / ___

Please complete the following form to help us determine your eligibility for our loan program & provide you with appropriate recommendations and referrals to help you start, grow or finance your business. If you are deemed eligible, a loan officer will contact you to begin the loan application process.

Submit To: Merrimack Valley Small Business Center, Microloan Program, 88 Middle St., Suite 202, Lowell, MA 01852

Personal Information (Primary Applicant)

First Name, Last Name ____________________________
Street Address _____________________________________
City, State, Zip _____________________________________
Date of Birth ___ / ___ / ___
Gender Male ☐ Female ☐
Social Security # ________________________________
Race (Optional) ☐ White ☐ Black or African-American
☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other: ______________
Ethnicity (Optional) ☐ Hispanic Origin ☐ Non-Hispanic Origin
Do you describe yourself as an immigrant to the U.S.? Yes ☐ No ☐
Country of origin ____________________________
US Entry Date ___________ Are you a US citizen? Yes ☐ No ☐

Household Monthly Income (Include Spouse, if applicable)

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Employment</td>
<td>$</td>
</tr>
<tr>
<td>Other Employment</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

Community Teamwork Pre-Assessment

As a program of Community Teamwork, we are required to ask the following questions to help us determine if you may benefit from other Community Teamwork programs. Depending upon your needs, we may be able to provide additional services or refer you to a different agency for assistance. In some cases, there may not yet be services in place to help you, but your answers to these questions will help us develop those critical services in the future. Thank you for sharing this information with us:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently behind on your rent or mortgage?</td>
<td></td>
<td></td>
<td>Is transportation a problem for you or anyone in your family?</td>
</tr>
<tr>
<td>Are you in danger of being foreclosed on or evicted?</td>
<td></td>
<td></td>
<td>Does anyone in your household need help finding a job?</td>
</tr>
<tr>
<td>Are you homeless?</td>
<td></td>
<td></td>
<td>Would anyone in your household be interested in gaining new job skills?</td>
</tr>
<tr>
<td>Do you think your housing poses a health risk?</td>
<td></td>
<td></td>
<td>Does everyone in your household have health insurance?</td>
</tr>
<tr>
<td>Are you currently behind on your heating or utility bills?</td>
<td></td>
<td></td>
<td>Can everyone in your family get the health care they need?</td>
</tr>
<tr>
<td>Do you have enough food right now to feed yourself and your family?</td>
<td></td>
<td></td>
<td>Is anyone in your household pregnant?</td>
</tr>
<tr>
<td>Do you need help finding or paying for Child Care?</td>
<td></td>
<td></td>
<td>Does anyone in your life ever frighten, intimidate or try to control you or others in your family?</td>
</tr>
<tr>
<td>Does any adult in your household need help obtaining a high school diploma or GED?</td>
<td></td>
<td></td>
<td>Are you worried about the safety of anyone in your family today?</td>
</tr>
<tr>
<td>Does any adult in your household need help improving their English language skills?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Business Information

Business Name ____________________________________________________
Street Address ____________________________________________________
City, State, Zip ____________________ ________________________________
Business Phone(s) ____________________ _________________________________
Business E-mail ____________________________________________________
Business Website ____________________________________________________
EIN # ____________________ *DUNS # ____________________

*If you do not know your DUNS #, call 1-866-705-5711. This is a FREE service.

Is your business open? ☐Yes ☐No

When did/will you open your business and start making sales? ____________

Average monthly gross sales: $_______________ ☐N/A

Is your business currently profitable? ☐Yes ☐No ☐N/A

What is/will be the legal structure of your business?
☐ Sole proprietorship ☐ Partnership
☐ Limited Liability Company (LLC) ☐ C-Corporation ☐ S-Corporation

Do you have any business partners?
 ☐Yes ☐No        How many? ______
If yes, will they be co-signers? ______________

Do you have employees? ☐Yes ☐No #FT ___ #PT ___

Proposed Loan Request

Loan Amount Requested: ____________________ $50,000 is the maximum loan request considered.

(Requests over $20,000 require proof of bank loan denial.)

Do you plan to have a co-signer? ☐Yes ☐No ☐ If yes, relationship ________________________________

Have you ever applied for a business loan with the MVSBC before? ☐Yes ☐No ☐ If Yes, when? ____________
If Yes, was your loan approved? ☐Yes ☐No ☐ Date: ____________  Expected Payoff Date: ____________
Loan Amount: $_______________ Loan Principle Balance: $_______________ Have you ever missed payments? ________

Have you ever applied for a business loan before? ☐Yes ☐No ☐ If YES, with what bank? ________________________
If Yes, was your loan approved? ☐Yes ☐No ☐ Date: ____________  Expected Payoff Date: ____________
Loan Amount: $_______________ Loan Principle Balance: $_______________ Have you ever missed payments? ________

**Have you been DENIED a bank loan in the past 6 months? (REQUIRED) Yes ☐No ☐ Please attach proof of denial.

Would you describe your credit history as Excellent, Good, Fair, Poor, or Very Poor? ________________________

How did you learn about us? ______________________________________________________________________

How do you intend to use the loan funds? Please be as detailed as possible. Use additional sheets if necessary. Funds cannot be used for the purchase of motor vehicles or real estate. Other exceptions may apply—Pre-Inquiry Questions &
Basic Qualifications Fact Sheet.
**Pre-Assessment**

*Consider each statement. If it applies to you, check Agree; if it does not, check Disagree***.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I operate my business within Middlesex or Essex county. <em>If no, your business is not eligible.</em></td>
<td></td>
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<tr>
<td>I am at least 18 years of age.</td>
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<tr>
<td>I have <strong>NOT</strong> been in foreclosure in the last 24 months.</td>
<td></td>
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<tr>
<td>I have <strong>NOT</strong> had any late rent or mortgage payments in the past 12 months.</td>
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<tr>
<td>I have been discharged from bankruptcy for over 12 months (or have never declared bankruptcy).</td>
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<tr>
<td>I am <strong>NOT</strong> involved in any pending lawsuits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONE of the associates of my business, including myself, are presently under indictment, on parole or probation for a felony or crime of moral turpitude. <strong>CORI Check May Be Conducted.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have <strong>NEVER</strong> been charged with, convicted of, put on probation or adjudication, placed on pretrial diversion, or arrested for any criminal offense other than a minor motor vehicle violation (including offenses which have been dismissed, discharged, or nolle prosequi). <strong>CORI Check May Be Conducted.</strong></td>
<td></td>
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<tr>
<td>NONE of the associates of my business, including myself, are over 60 days delinquent in child support.</td>
<td></td>
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<tr>
<td>My business does <strong>NOT</strong> principally engage in teaching, counseling, or indoctrinating religious beliefs.</td>
<td></td>
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<tr>
<td>My business does <strong>NOT</strong> present live performances of a prurient sexual nature, nor does it derive more than 5% of gross revenue through the sale of products or services or the presentation of any depictions or displays of a prurient sexual nature.</td>
<td></td>
<td></td>
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<tr>
<td>My business does <strong>NOT</strong> derive more than 1/3 of its gross annual revenue from legal gambling activities.</td>
<td></td>
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<tr>
<td>My business does <strong>NOT</strong> engage in political or lobbying activities.</td>
<td></td>
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<tr>
<td>My business is <strong>NOT</strong> a government-owned entity.</td>
<td></td>
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<tr>
<td>My business is <strong>NOT</strong> primarily engaged in the business of lending, including pawn shops.</td>
<td></td>
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<tr>
<td>My business does <strong>NOT</strong> limit membership for any reason other than capacity.</td>
<td></td>
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<tr>
<td>My business is <strong>NOT</strong> a pyramid/multi-level marketing sale distribution company.</td>
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<tr>
<td>NONE of the associates of my business, including myself, are undocumented (illegal) aliens.</td>
<td></td>
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<tr>
<td>I am up-to-date on all of my bills (both personal and business).</td>
<td></td>
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<tr>
<td>I have tried to get a business loan at my bank but have been unsuccessful. <strong>Proof of denial is required.</strong></td>
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<tr>
<td>I can show that I will have the cash flow to be able to make my monthly loan payments.</td>
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<tr>
<td>I have a written business plan and a 12 month cash flow projection.</td>
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<tr>
<td>If approved, I am willing to provide financial reports to the MVSBC until my loan is paid in full.</td>
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<tr>
<td>I understand collateral and/or a cosigner may be required for MVSBC loan products.</td>
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<tr>
<td>I understand I will be required to receive assistance with the MVSBC throughout the life of the loan.</td>
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<tr>
<td>I am up-to-date on all personal and business tax obligations (federal, state, and city).</td>
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<tr>
<td>I have a personal bank account.</td>
<td></td>
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<tr>
<td>I have personal insurance coverage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have business insurance coverage.</td>
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<tr>
<td>My current personal income exceeds my current personal expenses.</td>
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<tr>
<td>I feel confident that my personal finances are in order.</td>
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<tr>
<td>I would describe my credit history as satisfactory.</td>
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<tr>
<td>I keep my personal and business finances separate.</td>
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<tr>
<td>I utilize business accounting software. <strong>If Yes, which one?</strong></td>
<td></td>
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<tr>
<td>I have a business bank account. <strong>If Yes, with what bank or credit union?</strong></td>
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<tr>
<td>My business is registered with the city in which it operates (i.e. I have a business certificate). <strong>If Yes, which city? When does the certificate expire?</strong></td>
<td></td>
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<tr>
<td>I meet with an accountant at least quarterly to discuss the financial health of my business.</td>
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</tbody>
</table>

***Please provide detailed, written explanation of any “Disagree” responses on a separate sheet.
**Service Agreements & Disclosures**

**DISCLAIMER**
All Services and Documents are provided by Community Teamwork Inc.‘s Merrimack Valley Small Business Center ("MVSBC") on an “as is” and “as available” basis without any express or implied warranties, representations, or guarantees of any kind, including, but not limited to, any of merchantability, fitness for a particular purpose, title or non-infringement, or arising from course of dealing, trade, or performance.

**LIMITATION OF LIABILITY**
Neither MVSBC nor its employees or directors (the “MVSBC Parties”) shall be liable for any special, indirect, consequential, incidental, punitive or exemplary damage. In no event shall MVSBC liability to the client, even for direct damages, exceed $100. The client must bring any claim against the MVSBC Parties within one (1) year of the event giving rise to the client’s cause of action, and failure to do so nullifies the claim.

**FOLLOW-UP SURVEYS**
MVSBC collects follow-up information from clients to learn more about the economic, business and employment experiences of clients. I agree, as an active client, to provide certain information to MVSBC on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will be shared in a trustworthy manner.

**MARKETING**
The MVSBC has my permission to use business images and basic information for marketing purposes. Marketing may include e-news spotlights, website listings, and social media posts. [ ] YES [ ] NO

**ENEWS**
I agree to allow the MVSBC to add my name and e-mail address to the e-news list so that I can receive important updates via e-mail. [ ] YES [ ] NO

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**Loan Agreements & Disclosures**

I authorize the Merrimack Valley Small Business Center (MVSBC) to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I authorize the MVSBC to check my credit history and tax liabilities and to answer inquiries regarding my credit history/tax liabilities.

I agree to notify the MVSBC if there are any material changes in the information disclosed in this form or any accompanying statements.

I understand I will be working closely with the MVSBC and will be required to receive a minimum of 5 hours of technical assistance before my application is reviewed and, if approved, additional technical assistance throughout the life of the loan. *Initial: _______

Everything that has been stated on this form is correct to the best of my knowledge. I understand that the MVSBC will retain this inquiry, whether or not it develops into a formal application, for a period of at least five years from the date of signature.

The information you provide in this application will be held as strictly confidential. This inquiry will cease to be valid 60 days after the submission date.

**THIS FORM IS REVIEWED SOLELY TO DETERMINE ELIGIBILITY FOR THE MVSBC MICROLOAN PROGRAM. THIS FORM IS NOT AN APPLICATION FOR FINANCING.**

---

**Signature__________________________________________ Date____________________

A Loan Processor will review the information provided in this inquiry to determine eligibility & will then contact you to schedule your initial appointment.

Reviewed By: __________________________ For Office Use Only

**Submit With Inquiry Form & Attachments:**

☐ Copy of Photo ID  ☐ Proof of Citizenship/Green Card (if applicable)

☐ Proof of Bank Denial (required for requests of $20K or more)
CRIMINAL OFFENDER RECORD INFORMATION (CORI) 
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, LENDING AND HOUSING PURPOSES

Community Teamwork, Inc. is registered under the provisions of M.G.L. c. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, loan applicants and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, loan applicant or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Community Teamwork, Inc. to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature.

I may withdraw this authorization at any time by providing Community Teamwork, Inc. with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: Community Teamwork, Inc. may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Community Teamwork, Inc. must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

________________________________________  ____________________
SIGNATURE DATE

The Merrimack Valley Small Business Center Loan Fund is funded by the Small Business Administration. A CORI background check is performed to determine applicants’ eligibility for federal funding.
SUBJECT INFORMATION:

_______________________________________________________________________

Last Name First Name Middle Name Suffix

_______________________________________________________________________

Maiden Name (or other name(s) by which you have been known)

_______________________________________________________________________

Date of Birth                                      Place of Birth

Last Six Digits of Your Social Security Number: _______ - _________

Sex: _____ Height: ___ft. ___in.  Eye Color: _________  Race: _________

Driver’s License or ID Number: ___________________________ State of Issue: ______

______________________________                                    __________________________

Mother’s Full Maiden Name                                      Father’s Full Name

Current and Former Addresses:

________________________________________________________________________

Street Number & Name City/Town State Zip

________________________________________________________________________

Street Number & Name City/Town State Zip

________________________________________________________________________

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

_______________________________________________________________________

_______________________________________________________________________

VERIFIED BY:

_______________________________________________________________________

Name of Verifying Employee (Please Print)

_______________________________________________________________________

Signature of Verifying Employee
APPENDIX C

SELF-DECLARATION OF INCOME REPORT / FY2016-17
(Effective April, 2016)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS:  □ FAMILY    □ INDIVIDUAL

Participant Name: ____________________________________________________________

Address: ________________________________  City, State, Zip Code: ______________________

2. ETHNICITY (please select only one):

□ Hispanic or Latino    □ Not Hispanic or Latino

3. RACE (please select only one):

□ White  □ American Indian/Alaskan Native and White

□ Black/African American  □ Asian and White

□ Asian  □ Black/African American and White

□ American Indian/Alaska Native  □ American Indian/Alaskan Native and Black/African American

□ Native Hawaiian/Other Pacific Islander  □ Other Multi-Racial: __________________________________________

4. HOUSEHOLD INFORMATION

1) Circle the number of family and non-family members living in your household below.

2) Circle the corresponding income level. (FY2016-17 Median Family Income) – Effective April, 2016

<table>
<thead>
<tr>
<th>Household Size</th>
<th>#1 (0% - 30%)</th>
<th>#2 (31% - 50%)</th>
<th>#3 (51% - 80%)</th>
<th>#4 (81% and above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0-$19,150</td>
<td>$19,151-$31,950</td>
<td>$31,951-$46,000</td>
<td>$46,001+</td>
</tr>
<tr>
<td>2</td>
<td>$0-$21,900</td>
<td>$21,901-$36,500</td>
<td>$36,501-$52,600</td>
<td>$52,601+</td>
</tr>
<tr>
<td>3</td>
<td>$0-$24,650</td>
<td>$24,651-$41,050</td>
<td>$41,051-$59,150</td>
<td>$59,151+</td>
</tr>
<tr>
<td>4</td>
<td>$0-$27,350</td>
<td>$27,351-$45,600</td>
<td>$45,601-$65,700</td>
<td>$65,701+</td>
</tr>
<tr>
<td>5</td>
<td>$0-$29,550</td>
<td>$29,551-$49,250</td>
<td>$49,251-$71,000</td>
<td>$71,001+</td>
</tr>
<tr>
<td>6</td>
<td>$0-$32,580</td>
<td>$32,581-$52,900</td>
<td>$52,901-$76,250</td>
<td>$76,251+</td>
</tr>
<tr>
<td>7</td>
<td>$0-$36,730</td>
<td>$36,731-$56,550</td>
<td>$56,551-$81,500</td>
<td>$81,501+</td>
</tr>
<tr>
<td>8</td>
<td>$0-$40,890</td>
<td>$40,891-$60,200</td>
<td>$60,201-$86,750</td>
<td>$86,751+</td>
</tr>
</tbody>
</table>

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: ____________________________  Date: ____________________________

(Original signature is required)
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Business Name __________________________________________

Date ________________________________  By________________________

Name and Title of Authorized Representative

Signature of Authorized Representative
INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.


5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.