



## KISRA MICRO-LOAN APPLICATION & BUSINESS PROFILE Existing or Startup Business Counseling Information Form

KISRA will use this information as a baseline report of your business. This instrument is held in complete confidentiality at the KISRA office.  
Co-applicants will need to complete the KISRA Business Profile also and submit along with the loan application.

### PART I: Client Request for Counseling

1. Name: \_\_\_\_\_ 2. E-mail Address: \_\_\_\_\_  
3. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
4. Business Name: \_\_\_\_\_ County: \_\_\_\_\_  
5. Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
6. Phone: (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_ Fax: \_\_\_\_\_

I request business counseling service from KISRA. I agree to cooperate should I be selected to participate in surveys designed to evaluate KISRA services. I permit KISRA the use of my name and address for KISRA surveys and information mailings regarding KISRA products and services (Yes  No ). I understand that any information disclosed will be held in strict confidence. (KISRA will not provide your personal information to commercial entities.) I authorize KISRA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against KISRA personnel, and that of its Resource Partners and host organizations, arising from this assistance.

7. What type of business assistance are you seeking? Example - Business plan, start-up assistance, financing  
\_\_\_\_\_

8. Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II: Client Intake (to be completed by clients – please check all that apply for question #9)

9. Race:  Asian,  Native American /Alaska Native,  White,  Native Hawaiian or other Pacific Islander,  
 Black or African American 10. Ethnicity:  Hispanic Origin  Not of Hispanic Origin

11. Gender:  Female  Male

12. Marital Status:  Married  Single  Widowed 13. US Citizen:  Yes  No

14. Do you consider yourself a person with disability?  Yes  No

15. Veteran Status:  Non-Veteran  Veteran  Service-Disabled Veteran

16. Military Status:  Member of Reserve or National Guard  On Active Duty

17. How did you hear about KISRA? \_\_\_\_\_

18. What kind of business do you have or are you contemplating? (Describe what kind of service, what you sell, or what you make.) \_\_\_\_\_



19. Which categories below best describe your business or business idea? Check those that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> a. Agriculture                      | <input type="checkbox"/> g. Services - Agriculture            |
| <input type="checkbox"/> b. Construction                     | <input type="checkbox"/> h. Services – Automotive / Truck     |
| <input type="checkbox"/> c. Manufacturing – General          | <input type="checkbox"/> i. Services – Business &/or Personal |
| <input type="checkbox"/> d. Manufacturing – Crafts           | <input type="checkbox"/> j. Services – Financial              |
| <input type="checkbox"/> e. Manufacturing – Food Preparation | <input type="checkbox"/> k. Services – Recreational           |
| <input type="checkbox"/> f. Retail trade                     | <input type="checkbox"/> l. Miscellaneous – other _____       |

20. Business Ownership: What percentage of your business is male or female ownership?  
\_\_\_\_\_ % Male                      \_\_\_\_\_ % Female

21. Date you started your business or anticipate starting date. \_\_\_\_\_

22. Do you conduct business online?  Yes  No

23. Is this a home based business?  Yes  No

24. Do you have employees?  Yes  No If yes, how many full-time? \_\_\_\_\_ How many part-time? \_\_\_\_\_

25. For your most recent full business year, what were your Gross Revenues / Sales \$ \_\_\_\_\_  
+Profits/ -Losses \$ \_\_\_\_\_

26. What is the structure of your business?  Sole proprietorship  Partnership  Corporation  
 LLC

27. What is your family household size? # of Adults \_\_\_\_\_ # of Children (under 21) \_\_\_\_\_

28. What is your family income per year?

- |   |   |
|---|---|
| <input type="checkbox"/> a. below \$9,999                 | <input type="checkbox"/> e. between \$25,000 and \$29,999 |
| <input type="checkbox"/> b. between \$10,000 and \$14,999 | <input type="checkbox"/> f. between \$30,000 and \$39,999 |
| <input type="checkbox"/> c. between \$15,000 and \$19,999 | <input type="checkbox"/> g. between 40,000 and 49,999     |
| <input type="checkbox"/> d. between 20,000 and 24,999     | <input type="checkbox"/> h. above \$50,000                |

29. What percentage of your total household income now comes from your business (if this is a new business, what percentage do you anticipate)? % \_\_\_\_\_

30. What is the highest educational degree you have received? Check one.

- |   |  |
|---|--|
| <input type="checkbox"/> a. High school diploma                 | <input type="checkbox"/> d. Four year college degree |
| <input type="checkbox"/> b. GED (General Equivalency Diploma)   | <input type="checkbox"/> e. Masters or above         |
| <input type="checkbox"/> c. Vocational or tech degree (2 years) | <input type="checkbox"/> f. Other, specify _____     |

31. Do you have another job / work elsewhere?  Yes  No Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_  
Where? \_\_\_\_\_ Number of hours/week \_\_\_\_\_

32. What other sources of household income do you have besides your business and any other job? (EX: Public Assistance, Inheritance, Disability, etc.) \_\_\_\_\_



33. Do you have health insurance?  Yes  No

If yes, do you have insurance through your business?  Yes  No

OR do you have insurance through your employer (including spouse's employer)?  Yes  No

35. Have you ever requested a bank loan for your business ?  Yes  No Did you get it?  Yes  No

If not, why? \_\_\_\_\_

If you answered yes, are you using the bank at this time?  Yes  No

36. I would like to participate in the following activities of the KISRA Micro-Loan Program.

Borrow money  Yes  No

Receive technical assistance for my business  Yes  No

Attend training  Yes  No

If yes to training, topics of interest \_\_\_\_\_

37. What kind of training / experience do you have in this business? \_\_\_\_\_  
\_\_\_\_\_

38. What percent of your total working time is spent in this business?  
\_\_\_\_ less than 25% \_\_\_\_ 25% to 50% \_\_\_\_ 51% to 75% \_\_\_\_ 76% to 100%  
Months per year? \_\_\_\_\_

39. Who are your current customers (location, age, gender, occupation, etc.) \_\_\_\_\_  
\_\_\_\_\_

40. If you expand your business are you going to need to find new customers? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes) What is your marketing strategy? \_\_\_\_\_  
\_\_\_\_\_  
(If no) Why won't you need to find new customers? \_\_\_\_\_  
\_\_\_\_\_

41. Who are your major competitors? \_\_\_\_\_  
\_\_\_\_\_  
What edge do you have over your competitors? \_\_\_\_\_  
\_\_\_\_\_

42. How do you advertise? \_\_\_\_\_  
\_\_\_\_\_

43. What are the biggest problems your business faces? \_\_\_\_\_  
\_\_\_\_\_



44. List your business gross revenues for the last year. \_\_\_\_\_  
 List your anticipated business gross revenues for the next 12 months. \_\_\_\_\_  
 List your anticipated business expenses for the next 12 months. \_\_\_\_\_

45. Compared to a year ago, are your sales (Check one)  
 \_\_\_up a lot \_\_\_up a little \_\_\_about the same \_\_\_down a little \_\_\_down a lot \_\_\_about the same  
 Why are sales up (or down)? \_\_\_\_\_  
 \_\_\_\_\_

46. What sources of capital are you using for your business now? (Check all that apply, determine and insert percentages of each to total 100%)

- \_\_\_ Own savings \_\_\_\_\_%
- \_\_\_ Loans from friends and family \_\_\_\_\_%
- \_\_\_ Credit cards \_\_\_\_\_%
- \_\_\_ Other finance companies \_\_\_\_\_%
- \_\_\_ Personal loan from the bank \_\_\_\_\_%
- \_\_\_ Business loan from the bank \_\_\_\_\_%
- \_\_\_ Small Business Administration guaranteed loan \_\_\_\_\_%
- \_\_\_ REAP loan \_\_\_\_\_%
- \_\_\_ Re-investment of business profits \_\_\_\_\_%
- \_\_\_ Other \_\_\_\_\_%
- \_\_\_ None \_\_\_\_\_%

**TOTAL 100 %**

47. How would you use your loan? **(Be specific.)**

How much for supplies/merchandise/raw materials? \$ \_\_\_\_\_  
 Specify use: \_\_\_\_\_  
 Supplier's name: \_\_\_\_\_

How much for tools/equipment? \$ \_\_\_\_\_  
 Specify use: \_\_\_\_\_  
 Supplier's name: \_\_\_\_\_

How much for improving place of business? \$ \_\_\_\_\_  
 Specify use: \_\_\_\_\_  
 Supplier's name: \_\_\_\_\_

How much for advertising? \$ \_\_\_\_\_  
 Specify use: \_\_\_\_\_  
 Supplier's name: \_\_\_\_\_

Other? \_\_\_\_\_ \$ \_\_\_\_\_  
 Specify use: \_\_\_\_\_  
 Supplier's name: \_\_\_\_\_



TOTAL LOAN REQUEST: (add above items) \$ \_\_\_\_\_ Number of payments \_\_\_\_\_

48. If KISRA approves a loan amount smaller than you are requesting, which of the above would you reduce? \_\_\_\_\_  
\_\_\_\_\_

49. Any unusual repayment needs or considerations (Ex. seasonal business cycle that affects monthly payment ability): \_\_\_\_\_  
\_\_\_\_\_

50. If business is slow, what other ways do you have to make your payment? \_\_\_\_\_  
\_\_\_\_\_

51. Are your business and personal loan payments (credit card, loan from relative, etc.) current?  
BUSINESS: \_\_\_\_\_ Yes \_\_\_\_\_ No      PERSONAL: \_\_\_\_\_ Yes \_\_\_\_\_ No

52. Could you obtain this loan from a bank? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answered NO, why not? \_\_\_\_\_  
\_\_\_\_\_

If you answered YES, why aren't you borrowing from the bank? \_\_\_\_\_  
\_\_\_\_\_

53. Have you declared bankruptcy in the last three years? \_\_\_\_\_ YES \_\_\_\_\_ NO

54. My long range (one to five years) goals for this business are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



55. Complete the following statements with financial information from the last twelve months of business or complete with projected financial information if is a startup business:

## **INCOME STATEMENT**

<b>BUSINESS INCOME:</b>	Year 1 / Previous	Year 2 / Current
Sales		
- Cost of Goods Sold		
<b>= GROSS MARGIN</b>		
<b>BUSINESS EXPENSES:</b>		
Salary Expense		
Payroll Expense		
Outside Services		
Supplies (Office & Operating)		
Repairs and Maintenance		
Advertising		
Car, Delivery & Travel		
Accounting & Legal		
Rent		
Telephone		
Utilities		
Insurance		
Taxes (real estate, personal property, sales, etc.)		
Interest		
Depreciation		
Other - List		
<b>TOTAL EXPENSES</b>		
<b>NET PROFIT</b> (Subtract Total Expenses from Gross Margin).		
Owner's Draw (Yearly)		



## BALANCE SHEET (Year 1 or Previous Year)

### BUSINESS ASSETS:

Checking Account           \$ \_\_\_\_\_  
 Accounts Receivable       \$ \_\_\_\_\_  
 Inventory                   \$ \_\_\_\_\_  
 Savings Account           \$ \_\_\_\_\_  
 Land                         \$ \_\_\_\_\_  
 Buildings & Equipment     \$ \_\_\_\_\_  
 Autos/trucks               \$ \_\_\_\_\_  
 Other assets                \$ \_\_\_\_\_

**TOTAL ASSETS**                 \$ \_\_\_\_\_

### BUSINESS LIABILITIES:

Accounts Payable           \$ \_\_\_\_\_  
 Short term notes (<1 yr.)   \$ \_\_\_\_\_  
 Long term notes (> 1 yr.)   \$ \_\_\_\_\_  
 Credit Cards                \$ \_\_\_\_\_  
 Other Liabilities            \$ \_\_\_\_\_

**TOTAL LIABILITIES**           \$ \_\_\_\_\_

**OWNER'S EQUITY**             \$ \_\_\_\_\_  
 (Total Assets - Total Liabilities)

**TOTAL LIABILITY AND  
 OWNER'S EQUITY**           \$ \_\_\_\_\_

## BALANCE SHEET (Year 2 / Current Year)

### BUSINESS ASSETS:

Checking Account           \$ \_\_\_\_\_  
 Accounts Receivable       \$ \_\_\_\_\_  
 Inventory                   \$ \_\_\_\_\_  
 Savings Account           \$ \_\_\_\_\_  
 Land                         \$ \_\_\_\_\_  
 Buildings & Equipment     \$ \_\_\_\_\_  
 Autos/trucks               \$ \_\_\_\_\_  
 Other assets                \$ \_\_\_\_\_

**TOTAL ASSETS**                 \$ \_\_\_\_\_

### BUSINESS LIABILITIES:

Accounts Payable           \$ \_\_\_\_\_  
 Short term notes (<1 yr.)   \$ \_\_\_\_\_  
 Long term notes (> 1 yr.)   \$ \_\_\_\_\_  
 Credit Cards                \$ \_\_\_\_\_  
 Other Liabilities            \$ \_\_\_\_\_

**TOTAL LIABILITIES**           \$ \_\_\_\_\_

**OWNER'S EQUITY**             \$ \_\_\_\_\_  
 (Total Assets - Total Liabilities)

**TOTAL LIABILITY AND  
 OWNER'S EQUITY**           \$ \_\_\_\_\_



## Personal Balance Sheet

### ASSETS

#### Current Assets:

Cash & Checking \_\_\_\_\_  
 Money Market, etc. \_\_\_\_\_  
 Securities \_\_\_\_\_  
 S-T notes receivable \_\_\_\_\_  
 Prepaid interest \_\_\_\_\_  
 Other \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

#### Intermediate Assets:

H'hold furniture \_\_\_\_\_  
 Vehicles \_\_\_\_\_  
 CD's & Securities \_\_\_\_\_  
 Other \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

#### Long-term Assets:

Real Estate \_\_\_\_\_  
 IRA, SRA, etc.. \_\_\_\_\_  
 Stocks, Bonds, etc.. \_\_\_\_\_  
 Other property \_\_\_\_\_  
 Other \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

### LIABILITIES

#### Current Liabilities:

Accounts Payable \_\_\_\_\_  
 Short term loans \_\_\_\_\_  
 Current payment on LT \_\_\_\_\_  
 Interest payable \_\_\_\_\_  
 Taxes payable \_\_\_\_\_  
 Other: \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

#### Intermediate Liabilities:

Consumer loans \_\_\_\_\_  
 Loans on vehicles \_\_\_\_\_  
 Other \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

#### Long-term Liabilities:

Real Estate Mortgage \_\_\_\_\_  
 Co-Signed loans \_\_\_\_\_  
 Other \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

**TOTAL LIABILITIES:** \$ \_\_\_\_\_

**NETWORTH = TOTAL ASSETS MINUS TOTAL LIABILITIES** \$ \_\_\_\_\_



## KISRA Micro-Loan Program Collateral Information

The applicant understands that, when listing assets below, they are documenting them as assets to be used as security for their proposed KISRA Loan and are certifying that the collateral is real and of the value established. Furthermore, the applicant will make available to KISRA all identifying characteristics, lien information, and will allow for physical inspection of listed assets. The applicant also understands that, upon perfection of the security interest in the collateral, all products and proceeds from the secured assets will be attachable.

Please list below all requested information relating to the collateral offered as security for this proposed KISRA Loan. Please use fair market value when determining the worth of listed assets.

Asset	Description (serial #, model #, VIN, etc.)	Value of the Asset

The undersigned certifies that the assets listed above (and on attached sheets, if necessary) are real and of the value listed. The undersigned also agrees that all-identifying characteristics and lien information concerning these assets is forthcoming and accurate. Furthermore, the undersigned agrees to allow KISRA to perform a physical inspection of any of the assets proposed as collateral for security for this *KISRA Loan*.

If, after loan approved, there exists a misrepresentation of the above information, KISRA reserves the right to foreclosure, retrieval of secured assets, and the ability to engage collection proceedings for any unpaid balance of the *KISRA Loan*.

President/Principal \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



## KISRA Micro-Loan Program Credit History Search Authorization

By signing this agreement, I hereby give full authorization to the Kanawha Institute for Social Research & Action, Inc. (KISRA), 131 Perkins Avenue, Dunbar, WV 25064 to perform a credit history search on my past and current credit history. Also, I hereby give full authorization to KISRA to utilize the information that I have supplied on this form for the purpose of performing a credit history search.

Applicants Full Name: \_\_\_\_\_

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

dba: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Fed I.D. #: \_\_\_\_\_

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

Employment: \_\_\_\_\_

(include address) \_\_\_\_\_

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

56. Please complete the following source and use of funds:

<u>Source:</u>	<u>Amount:</u>	<u>Use:</u>
Primary Lender	_____	_____
KISRA	_____	_____
Owner Equity	_____	_____
Other	_____	_____



Primary Lender Information

Name: \_\_\_\_\_ Loan Officer: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other information you feel is important to this KISRA Loan Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification

I hereby certify that the below named business is legally doing business in the State of West Virginia and that all representations made on this application are true and correct. I also hereby grant permission to the Kanawha Institute for Social Research & Action, Inc. (KISRA) to contact any and all parties they deem necessary to process this loan request. I understand that this application will be held in the strictest confidence and only discussed with those necessary to process this loan request.

In submitting this loan application, I understand that attending the KISRA business training course is mandatory. I also understand that I am personally responsible for this loan. I waive all claims against KISRA and its staff.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Owner

\_\_\_\_\_  
KISRA Economic Empowerment Program Manager

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



**FOR OFFICE USE ONLY**

**DO NOT WRITE BELOW THIS LINE**

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DATE: \_\_\_\_\_ NAME OF BORROWER: \_\_\_\_\_

AMOUNT OF LOAN REQUESTED: \_\_\_\_\_

LOAN: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

AMOUNT OF LOAN APPROVED: \$ \_\_\_\_\_ INTEREST RATE: \_\_\_\_\_%

NUMBER OF PAYMENTS: \_\_\_\_\_ PAYMENT AMOUNT: \_\_\_\_\_

PAYMENT SCHEDULE: \_\_\_\_\_

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COMMENTS: (If loan was denied or approved with conditions, state reasons, conditions and recommendations. Continue on back of page if necessary.)

**LOAN REVIEW COMMITTEE SIGNATURES**

**DATE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____