



Micro-Loan Program

Application Requirement Checklist

- Micro Loan Application
- DUNS
- FEIN
- Business License (WV State Dept. Tax and Revenue (new and existing businesses)
- Business Plan (At least 80% complete)
- Business Financials (Existing business)
 - Profit & Loss (Previous and current year)
 - Balance Sheet (Previous and Current Year)
 - List of all business debt
- Business Financials (All businesses)
 - Cash Flow (12 month projection)
 - Income/P&L (projected)
 - Balance Sheet (projected)
- Credit Report Authorization Form and Fee for each owner and/or co-signor (\$13)
- Paystubs (most recent for two months)
- Identification & Proof of Residence (for each owner and/or co-signor)
 - Driver's License (for each owner and/or co-signor)
 - Utility bill in name of applicant(s)
- Spending Plan (for each owner and or co-signor)
- Loan Fees
 - \$100 Non-Refundable Annual Contribution
- Business promotional materials
- Capital Equipment List -Existing
- Capital Equipment List -To be purchased
- Personal Tax Returns (most recent 2 years for each owner and/or co-signor)
- Personal Balance Sheet (most recent 2 years for each owner and/or co-signor)
- Business Returns (most recent 3 years)
- Proof of loan denial from other financial institution
- Registration with Secretary of State (LLC and Corporations)

Attach the completed checklist and items requested to Micro-Loan application. Additional information may be requested based on review of application.



Micro Loan Program Eligibility Criteria

Product Description:

- The KISRA Micro Loan Program is a Loan product that is available to businesses that are expanding and creating jobs in West Virginia.
- Loans range from \$1,000 to \$50,000.
- Maximum loan term is 6 years.
- Interest rates shall be up to 8.5% (based on credit).

Eligibility:

- Businesses that employ 25 or fewer persons or self-employed individuals.
- The business must be organized for profit.
- The business must have a current business license.
- The business must be current in payment of West Virginia income taxes.
- The business must be current in payment of West Virginia sales taxes (letter of good standing).
- The business must be current in payment of West Virginia unemployment taxes.
- The business must be current in payment of West Virginia workers' compensation premiums.
- Twenty four hours of NxLevel training is required before funds are issued (as need is determined by Economic Empowerment Program Manager).
- Proof of loan denial from other bank(s)

Eligible Use of Funds:

- Working capital
- Inventory
- Supplies
- Furniture
- Fixtures
- Machinery
- Renovations
- Equipment

Non Eligible Use of Funds:

- Refinance existing debt
- Down payment purposes
- Purchase real estate
- Purchase buildings



Micro Loan Program Eligibility Criteria

Application Process:

- Make appointment and attend initial scheduled Business appointment with the KISRA Business Development Manager.
- Complete and submit application.
- Pay \$13 check or money order for tri-merge credit report for a each applicant.
- Submit business plan that is at least 80% complete (with 100% complete cash flow projections), \$13 check or money order (for credit report- each owner and/co-signor) required for a loan to be considered.
- Submit financial statements
- Submit all documentation listed on checklist
- Complete NxLevel training (determined and required as a part of technical assistance).

- Upon Pre-approval.**
 - Additional requested documentation
 - DUNS Number
 - Federal Employer Identification Number (FEIN)

- Upon approval.**
 - Receive notification of approval.
 - Receive check!
 - Pay \$100 Non-Refundable Annual Contribution (for loans above \$5,000) and \$50 (for loans under \$5,000). The contribution is not financed in the loan.

Reporting Requirements:

A simple one sheet report will be due by the 5th of each month. KISRA staff will also conduct semi-annual site visits. Loan recipients shall submit annual financial statements within 30 days of the end of their business' fiscal year.

Loan Late:

A loan will be considered late if payment is not received by due date.

Loan Default:

A loan will be considered to be in default if two consecutive payments are missed. KISRA will report defaulted loans to the credit bureaus.

Applicant Signature: _____ **Date:** _____



KISRA MICRO-LOAN APPLICATION

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 and co-signors will also need to complete and submit the KISRA Micro-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

Do you have a business partner? Yes No. If yes, what is their name and address (to send applications)

Will you have a co-signor? Yes No

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.

- a. High school diploma d. Four year college degree
 b. GED (General Equivalency Diploma) e. Masters or above
 c. Vocational or tech degree (2 years) 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

34. Have you ever requested a bank loan for your business ? Yes No
Did you get it? Yes No
If no, what was the reason given? _____
If you answered yes, are you using the bank at this time? Yes No

35. 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 _____

I hereby certify by signature below that I've applied for a business loan on _____, 201

For _____ (business name)

and was denied by _____ (lender)

and was denied by _____ (lender)

Signed _____ Date _____



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 and co-signors will also need to complete and submit the KISRA Micro-Loan application.

36. What kind of training / experience do you have in this business? _____

37. 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? _____
38. Who are your current customers (location, age, gender, occupation, etc.) _____

39. 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? _____

40. Who are your major competitors? _____

What edge do you have over your competitors? _____

41. How do you advertise? _____

42. What are the biggest problems your business faces? _____

43. 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. _____
44. 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)? _____

45. 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 _____ %
_____ %

Note: Answering Questions 36-61 will assist in constructing your business plan.



_____ Personal loan from the bank	_____ %
_____ Business loan from the bank	_____ %
_____ Small Business Administration	_____ %
_____ REAP loan	_____ %
_____ Re-investment of business profits	_____ %
_____ Other _____	_____ %
_____ None	
TOTAL	100 %

46. 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 _____ (up to 72 months)

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

48.. Any unusual repayment needs or considerations (Ex. seasonal business cycle that affects monthly payment ability): _____

49. If business is slow, what other ways do you have to make your payment? _____

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

Note: Answering Questions 36-61 will assist in constructing your business plan.



51. 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? _____

52. Have you declared bankruptcy in the last three years? YES NO

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

Note: Answering Questions 36-61 will assist in constructing your business plan.



54.. Complete the following statements with financial information from the last twelve months of business (existing business):

INCOME STATEMENT

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
Sales												
- Cost of Goods Sold												
= Gross Margin												
BUSINESS EXPENSES:												
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												
TOTAL EXPENSES												
NET PROFIT (Subtract Total Expenses from Gross Margin).												
Owner's Draw (Yearly)												

Note: Answering Questions 36-61 will assist in constructing your business plan.



BUSINESS INCOME:	Year 1 / Previous	Year 2 / Current
Sales		
- Cost of Goods Sold		
= GROSS MARGIN		
BUSINESS EXPENSES:		
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		
TOTAL EXPENSES		
NET PROFIT (Subtract Total Expenses from Gross Margin).		
Owner's Draw (Yearly)		

55. Complete with 12 months projected financial information for existing and startup business:

Note: Answering Questions 36-61 will assist in constructing your business plan.



Business Enterprise Center

INCOME STATEMENT

56. Complete with 12 months (by month) projected financial information for existing and startup business:

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
Sales												
- Cost of Goods Sold												
= Gross Margin												
BUSINESS EXPENSES:												
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												
TOTAL EXPENSES												
NET PROFIT (Subtract Total Expenses from Gross Margin).												
Owner's Draw (Yearly)												

Note: Answering Questions 36-61 will assist in constructing your business plan.



57.

circle the year

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 \$ _____

circle the year

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 \$ _____

Note: Answering Questions 36-61 will assist in constructing your business plan.



58.

BALANCE SHEET (Projected Year 1)

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 (Projected 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** \$ _____

Note: Answering Questions 36-61 will assist in constructing your business plan.



59.

Personal Balance Sheet / Financial Statement

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 \$ _____

Note: Answering Questions 36-61 will assist in constructing your business plan.



60.

HOUSEHOLD MONTHLY SPENDING PLAN*

My Income	My Expenses
	Fixed Expenses
Net Wages \$ _____	Rent/Mortgage \$ _____
Public assistance \$ _____	Property taxes/Insurance \$ _____
Child Support/Alimony \$ _____	Home/Renter's Insurance \$ _____
Interest/Dividends \$ _____	Health Insurance \$ _____
Social Security \$ _____	Trash collection \$ _____
Advanced Earned Income Credit \$ _____	Cable \$ _____
Other Income \$ _____	Car Payment \$ _____
	Car Insurance \$ _____
	Credit cards \$ _____
Other Spouse House.Hold Member Income _____	School Loans \$ _____
	Day care/Elder care \$ _____
	Flexible Expenses
	Personal Savings \$ _____
	Gas/Oil/Heating Bill \$ _____
	Electricity Bill \$ _____
	Water Bill \$ _____
	Telephone/Cell phone \$ _____
	Food \$ _____
	Transportation/Gas \$ _____
	Car maintenance \$ _____
	Education \$ _____
	Personal/toiletries/etc \$ _____
	Charity/Donations \$ _____
	Home/Property Taxes \$ _____
	Transportation Expenses \$ _____
	Medical Bills \$ _____
	Entertainment \$ _____
	Other Personal expenses \$ _____
	Clothing _____
	Work/School lunches \$ _____
	Family Allowances \$ _____
	Household Supplies _____
	\$ _____
	\$ _____
Total Household Income \$	Total Household Expenses \$

*Remember to plan for income and expenses that do not occur on a monthly basis.

Note: Answering Questions 36-61 will assist in constructing your business plan.



61.

**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 _____

Second Owner _____ Date _____

Witness _____ Date _____

Note: Answering Questions 36-61 will assist in constructing your business plan.



62.

**KISRA Micro-Loan Program
Credit History Search Authorization**

Please complete the following source and use of funds:

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. #: _____
DUNS # _____
Date of Birth: _____
Employment: _____
(include address) _____

Applicant Signature: _____

Date: _____

Note: Answering Questions 36-61 will assist in constructing your business plan.



63.

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.

Name of Business

Owner

Owner

Date

Date

KISRA Economic Empowerment Program Manager Date

Note: Answering Questions 36-61 will assist in constructing your business plan.

