



OzSBI Microloan Fund

**408 Washington Ave
West Plains, MO 65775
PHONE: 417.256.9724
info@ozsbi.com**

Please take your time filling out this application. If you need help, please contact OzSBI and a staff member will be available to assist you.

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The Federal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income is derived from any public assistance program, or because the applicant has exercised in good faith any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the U.S. Small Business Administration, Washington, D.C., 20416.

Qualified individuals with disabilities are entitled to receive accommodations to enable them to benefit from our programs and services. To make such arrangements, contact an OzSBI staff member by calling 417.256.9724 or email info@ozsbi.com. The OzSBI office is located at 408 Washington Avenue, West Plains, MO 65775. The OzSBI facility is handicap accessible.

OzSBI Microloan Review Committee's regularly scheduled meetings will be held on the third (3rd) Thursday of each month. However, should the need arise, special meetings on other dates and times, may be called at the discretion of the committee. Applications must be received AND approved by OzSBI staff for submittal to the Microloan Review Committee on or before the first (1st) of each month to be eligible for that month's meeting

APPLICANT INFORMATION

PRIMARY APPLICANT INFORMATION

DATE: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LICENSE NUMBER: _____ DRIVER'S LICENSE EXPIRATION: _____

US CITIZEN? YES NO PERMANENT RESIDENT? YES NO

Are you currently employed somewhere other than the company for which this application is submitted? YES NO

IF YES, NAME OF COMPANY: _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ GROSS PAY: _____

Additional Monthly Income (include child support, public assistance, etc.):

CO-APPLICANT INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

| | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LICENSE NUMBER _____ DRIVER'S LICENSE EXPIRATION: _____

US CITIZEN? YES NO PERMANENT RESIDENT? YES NO

Are you currently employed somewhere other than the company for which this application is submitted? YES NO

IF YES, NAME OF COMPANY: _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ GROSS PAY: _____

Additional Monthly Income (include child support, public assistance, etc.):

BUSINESS INFORMATION

FEDERAL TAX ID #: _____ NAICS#: _____

LEGAL BUSINESS NAME: _____

IS BUSINESS CURRENTLY OPEN? YES NO IF YES, DATE OPENED: _____

DOES YOUR BUSINESS HAVE A PHYSICAL LOCATION? YES NO

BUSINESS ADDRESS: _____

COUNTY: _____ BUSINESS PHONE: _____ WEBSITE: _____

EMAIL: _____

BUSINESS MINORITY OWNERSHIP % _____ BUSINESS FEMALE OWNERSHIP % _____

TYPE OF BUSINESS:

Sole Proprietor DBA LLC Partnership C-Corp. S-Corp. Not Yet Established

FICTITIOUS BUSINESS NAME: _____

AVERAGE MONTHLY REVENUE: \$ _____

AVERAGE MONTHLY EXPENSES: \$ _____

DO YOU HAVE THE REQUIRED BUSINESS LICENSE(S) FROM THE COUNTY/CITY? YES NO

ARE YOU CURRENT ON BUSINESS RENT/MORTGAGE PAYMENTS? YES NO N/A

ARE YOU CURRENT ON ALL PAYROLL, INCOME AND/OR SALES TAXES? YES NO N/A

DO YOU HAVE A BUSINESS BANK ACCOUNT? YES NO

DO YOU FILE FEDERAL/STATE BUSINESS TAX RETURNS? YES NO IF YES, LAST YEAR FILED: _____

NUMBER OF CURRENT EMPLOYEES: _____ Full-Time _____ Part-Time _____

NUMBER OF JOBS CREATED BY LOAN: _____ Full-Time _____ Part-Time _____

NUMBER OF JOBS RETAINED BY LOAN: _____ Full-Time _____ Part-Time _____

HOW MANY HOURS PER WEEK DO YOU CURRENTLY SPEND ON THIS BUSINESS? _____

HOW MANY HOURS PER WEEK DO YOU PLAN TO SPEND ON THIS BUSINESS? _____

OTHER RELEVANT BUSINESS INFORMATION:

HOW DID YOU HEAR ABOUT OZSBI? _____

REFERRED BY: _____

ORGANIZATION: _____

LOAN INFORMATION

AMOUNT OF LOAN REQUEST: _____

DESIRED LOAN TERMS (interest rate, length of loan): _____

LOAN PURPOSE indicate approximately how much of the loan will be used for each category below (in \$ amounts):

- | | | |
|-------------------------------|------------------------------|----------------------------|
| _____ Working Capital | _____ Equipment | _____ Vehicles |
| _____ Inventory and Supplies | _____ Furniture and Fixtures | _____ Educational Training |
| _____ Marketing | _____ Leasehold Improvements | _____ Real Estate |
| _____ Other (please describe) | | |

PLEASE EXPLAIN WHY YOU NEED THIS LOAN:

IF ARE YOU SEEKING ADDITIONAL SOURCES OF CAPITAL FOR THIS PROJECT, PLEASE DESCRIBE AND INDICATE THE AMOUNT:

HOW MUCH OF YOUR OWN RESOURCES HAVE YOU USED TO OWN/OPERATE THIS BUSINESS? _____

COLLATERAL

Some form of collateral must secure all OzSBI Microloans, including, but not limited to, liens on tools, equipment, inventory, vehicles, trailers, motorcycles, ATVs, real estate mortgages, bank CDs and qualified guarantors. OzSBI will file a blanket UCC-1 on all business assets.

I PLEDGE THE FOLLOWING ITEMS AS COLLATERAL AGAINST THIS OZSBI MICROLOAN:

| Year | Make | Model/Serial/VIN | Description | Mileage | Value |
|------|------|------------------|-------------|---------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REAL ESTATE:

ADDRESS: _____

Street
City
State
Zip
County

MORTGAGE HOLDER (IF APPLICABLE): _____

MORTGAGE BALANCE: _____ MONTHLY PAYMENT: _____ VALUE: _____

FINANCIAL STATEMENT

INDIVIDUAL: IF YOU CHECK THIS BOX, PROVIDE INFORMATION ONLY ABOUT YOURSELF.

JOINT: WITH _____ (name) RELATIONSHIP _____
 IF YOU CHECK THIS BOX, PROVIDE FINANCIAL INFORMATION ABOUT BOTH YOURSELF AND THE OTHER PERSON.

| ASSETS | | LIABILITIES | | |
|--|-------|---------------------------|-----------------|---------|
| | Value | | Monthly Payment | Balance |
| Cash | | Mortgages | | |
| Checking Account Balance | | | | |
| Savings Account Balance | | | | |
| Primary Residence | | Loans | | |
| Other Real Estate | | | | |
| Marketable Securities | | | | |
| Retirement Plans | | | | |
| Cash Value Of Life Insurance | | | | |
| Other Investments | | Credit Cards | | |
| Vehicles | | | | |
| | | | | |
| | | | | |
| Other Assets | | Student Loans | | |
| | | | | |
| | | | | |
| Business Assets | | Other Liabilities | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL ASSETS: | | TOTAL LIABILITIES: | | |
| Net Worth (Total Assets minus Total Liabilities): | | | | |

ATTACH ADDITIONAL SUPPORTING PAPERWORK IF NECESSARY.

| | | |
|---|-----|----|
| HAVE YOU EVER FILED FOR BANKRUPTCY? | YES | NO |
| ARE YOU RESPONSIBLE FOR CHILD SUPPORT PAYMENTS? | YES | NO |
| IF YES, ARE YOU CURRENT ON THOSE PAYMENTS? | YES | NO |

ADDITIONAL REQUIRED DOCUMENTATION

OTHER DOCUMENTATION: Please submit all relevant items.

Three letters of reference (personal and business) with contact information. Letters of support may be included

Proof of outside employment

Documentation of previous investment over 9-12 months. (Applicable if you have already invested any of your personal funds into the project.)

Other lender participation letter stating the terms and conditions of its participation (if applicable).

Tax return for 2 previous years

LLC: Articles of Organization, Operating Agreement

S-Corp or C-Corp: Articles of Incorporation, Bylaws

Copy of Fictitious Business Statement

Partnership Agreement

Lease (or copies of proposal), if available

Franchise Agreement (if applicable)

Purchase Agreement for equipment being purchased with loan funds

Copies of Business Licenses and Registrations required for you to conduct business

AUTHORIZATION

I certify that the information provided is true and accurate as of the state date(s), the purpose of which is either to obtain or guarantee a loan. I understand that this application may serve as the first step in a process and that OzSBI may request supporting documentation to verify the information provided. I authorize OzSBI to make such inquiries as necessary to verify the accuracy of the statements made to determine my credit worthiness. All documentation and financial statements including copies of tax returns will become the property of OzSBI.

As part of this process, I authorize OzSBI to perform a credit check, including consumer and/or commercial credit reports, as authorized by law, including retrieving my personal credit report.

Confidential information is distinct from routine, publicly available information. For purposes of this agreement, confidential information is trade secret, proprietary data, and material information related to the operation and performance of client's business or prospective business affairs.

OzSBI will not discuss confidential information, as defined above, about a client, contact or attendee as it relates to their relationship with OzSBI verbally, in writing, including electronic transmission, or any other medium which could be intercepted by a third party not associated or affiliated with OzSBI.

APPLICANT NAME _____

APPLICANT SIGNATURE _____

DATE: _____

CO-APPLICANT NAME _____

CO-APPLICANT SIGNATURE _____

DATE: _____