



OzSBI Microloan Fund Application Packet

408 Washington Ave

West Plains, MO 65775

PHONE: 417.256.9724

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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.):

DEMOGRAPHIC INFORMATION

PRIMARY APPLICANT DEMOGRAPHIC INFORMATION

Gender	Male	Female	Other	Not Disclosed		
Race	American Indian or Alaska Native		Asian	Black or African American		White
	Native Hawaiian or Pacific Islander		Two or more Races		Not Disclosed	
Ethnicity	Hispanic or Latino		Non Hispanic or Latino		Not Disclosed	
Veteran	Veteran	Service-Disabled Veteran		Member of the Reserve		Active Duty
	National Guard		Spouse of Military Member		No Service	Not Disclosed
Marital Status	Married	Separated	Single	Divorced	Widow(er)	Not Disclosed
Disability Status	Disabled	Non-disabled		Not Disclosed		
This data is collected for reporting purposes only. Disclosure is voluntary and will have no bearing on the credit decision.						

HEAD OF HOUSEHOLD: YES NO

HOUSEHOLD SIZE: _____

MONTHLYHOUSEHOLD INCOME (gross): _____

ANNUAL HOUSEHOLD INCOME: _____

CO-APPLICANT DEMOGRAPHIC INFORMATION

Gender	Male	Female	Other	Not Disclosed		
Race	American Indian or Alaska Native		Asian	Black or African American		White
	Native Hawaiian or Pacific Islander		Two or more Races		Not Disclosed	
Ethnicity	Hispanic or Latino		Non Hispanic or Latino		Not Disclosed	
Veteran	Veteran	Service-Disabled Veteran		Member of the Reserve		Active Duty
	National Guard		Spouse of Military Member		No Service	Not Disclosed
Marital Status	Married	Separated	Single	Divorced	Widow(er)	Not Disclosed
Disability Status	Disabled	Non-disabled		Not Disclosed		
This data is collected for reporting purposes only. Disclosure is voluntary and will have no bearing on the credit decision.						

HEAD OF HOUSEHOLD: YES NO

HOUSEHOLD SIZE: _____

MONTHLYHOUSEHOLD INCOME (gross): _____

ANNUAL HOUSEHOLD INCOME: _____

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: _____



OzSBI Microloan Fund Business Plan Questionnaire

Business Name: _____

Business Address: _____

Business Phone: _____ **Email:** _____

Contact Person/Owner: _____

Date Completed: _____

This questionnaire is intended to guide you through the process of preparing a business plan. Please provide thorough and detailed answers to the following questions. You may use the space provided, attaching additional paper as necessary or submit a business plan that addresses the following in questions. If you would like assistance with this form, please contact OzSBI and a staff member will be glad to help.

PRODUCTS & SERVICES

What product or services does your business provide? Please list each in order of importance:

What is your competitive edge? What makes the products or services that you sell different from your competition? Why should prospective customers buy from you instead of your competitors?

CUSTOMER TARGET MARKET

Provide as much detailed information as you can about the people who buy your products or services. What are the demographics of your target market? Are they male/female, low income/high income, how old are they, where do they live, etc.?

Why do people purchase the products or services that your business sells? What is a customer's primary motivation or reason for buying your products or services?

If your business is already in existence, what do your customers think about the products you sell or the services you provide? If possible, provide a list of your primary or regular customers.

If your business is not yet in operation, how do you think prospective customers will respond to your proposed product or service? Have you received any feedback from possible customers regarding whether or not they would buy your product or use the services you provide?

COMPETITION

Who is your primary competition? List the names of your primary competitors in order of perceived competitiveness. Compare and contrast the price, quality, and other characteristics of the products or services that your competitors sell with those of your business. What are your competitors' overall strengths and weaknesses? How do they advertise their products or services? Who do your competitors sell their products or services to?

PRICING/SALES

How did you determine the price of the products you sell or the services you provide? Are your prices based on your competitors' prices, how much it costs you to provide the service or buy the product you sell, or the value of the service of product to the customer, etc?

Have you calculated the costs of your products and/or services in order to determine your profit margin? If so, please outline your calculations for one of the products or services that you sell. If you have not calculated your profit margins, please list your estimations for monthly overhead expenses (payroll, utilities, rent or mortgage, any parts or supplies that need to be purchased, marketing, etc) followed by the number of products or services you will need to sell in order to show a profit.

Where do you sell your products? Is your business a storefront, an e-commerce business, home-based, etc?

MARKETING

How do you advertise and promote your products/services? Please list all marketing activities that you currently engage in or plan to engage in. Indicate how your chosen marketing methods will reach your target customers.

MANAGEMENT EXPERIENCE

What do you bring to the business in terms of experience and skills? Please provide OzSBI with the bios or resumes for yourself and all other business owners.

Describe the business' key employees, including all relevant personnel. What are their primary skills and what role do they play in the business?

Please provide OzSBI with a list of key resource people who will help you with your business, such as your attorney, CPA, tax preparer, bookkeeper, marketing advisor, etc.

What are your goals for the business within the next 3-5 years after receiving this loan? Please indicate if you plan to create jobs, expand to a new or different location, etc.

Please explain how this loan will help you start or grow your business. Will it help you create new jobs, expand your product line, purchase equipment, or other?

What type of business or management assistance would be helpful to your business? Please indicate what topics for seminars, workshops, or training would be helpful; and what type of information, research, or hands on assistance would be helpful to you.