

PERSONAL INFORMATION

Account #: _____

1. Applicant's Name: _____
2. Business Name: _____
3. Business Address: _____
4. Telephone Number: _____ Email: _____

LOAN PURPOSE INFORMATION

1. What is the loan amount that you are requesting? \$ _____
2. What is the loan term requested? _____ Years
3. Please indicate the purpose(s) of the loan:
 Buy equipment
 Buy inventory
 Renovate business space
 Hire staff
 Other: _____

BUSINESS INFORMATION

1. Business Type: _____ Industry: _____
 2. Is your Business primarily Home-Based? Yes No
 3. Is your Business Full-time or Part-time? Full-time Part-time
 4. What is the form of Business Ownership? Please check one:
 Corporation Professional Corporation Limited Liability Company (LLC)
 Sub Chapter S Corporation Partnership Sole Proprietorship
 5. Is the Business woman-owned? Yes % No
 6. Is the Business minority-owned? Yes % No
 7. When did the Business start? _____
 8. How long has it been operating? _____
 9. How many total owners are there (own at least 20% of business)? _____
- Names of owner(s): _____

- a. YOURSELF _____
- b. _____
- c. _____

10. What was your **management experience** before owning this business?

_____ Years
 _____ Years

11. What was your **experience in this industry** before owning this business?

_____ Years
 _____ Years

12. Do you need any licenses/permits to conduct this business?

Yes No

Please list all licenses/permits below required for the business and indicate whether or not you have them:

License/Permit	Licensing Agency	Have it	Will have it by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Do you have a job in addition to your business? Yes No

If yes, please enter the following information:

Job Description/Position: _____

Employer's Name: _____

Work Address: _____

Work Phone: _____

Name of Supervisor: _____

BUSINESS DESCRIPTION PRODUCT/SERVICE

1. Please describe your main product/service categories:

Product/Service #1: _____

Product/Service #2: _____

Product/Service #3: _____

Product/Service #4: _____

Product/Service #5: _____

2. Please indicate the selling price for each product/service and its cost to buy/make

Product/Service description	Price (Average)	Cost (Average)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

MARKET EVALUATION

1. What kind of customers are you **mostly** selling to? (Please select one)

_____ Individuals/Households

_____ Businesses

_____ Government Agencies

_____ Nonprofit Organizations

2. What geographic market are you **mostly** selling to? (Please select one)

_____ Neighborhood's Name _____

_____ Borough's Name: _____ Bronx _____ Manhattan _____ Brooklyn _____ Queens _____ Staten Island

_____ New York City

_____ National

_____ International

Please specify country or countries:

3. On average, **how many customers** do you have per (circle one) week/month/year _?

What is the **average amount they pay** per purchase? \$ _____

How many **regular/repeat customers** do you have per (circle one) week/month/year _____?

4. If your customers are **primarily individuals/households**, please describe those you are **primarily** serving:

Customer type #1:

Category: ___ Workers ___ Residents ___ Visitors/Tourists
 Age: ___ Under 18 ___ Young Adults ___ Middle-Age ___ Older adults
 Gender: ___ Male ___ Female
 Income: ___ Low/Moderate income ___ Middle income ___ Upper income
 Other details: _____

Customer type #2:

Category: ___ Workers ___ Residents ___ Visitors/Tourists
 Age: ___ Under 18 ___ Young Adults ___ Middle-Age ___ Older adults
 Gender: ___ Male ___ Female
 Income: ___ Low/Moderate income ___ Middle income ___ Upper income
 Other details: _____

5. If your customers are **mostly businesses, government agencies or nonprofit organizations**, please describe them:

Customer type #1:

___ Business ___ Government ___ Nonprofit
 Industry or Field: _____
 Size: ___ Small ___ Medium ___ Large
 How do they mostly buy your products/services? ___ Competitive Bidding ___ Direct Sales
 Other details: _____

Customer type #2:

___ Business ___ Government ___ Nonprofit
 Industry or Field: _____
 Size: ___ Small ___ Medium ___ Large
 How do they mostly buy your products/services? ___ Competitive Bidding ___ Direct Sales
 Other details: _____

MARKETING AND DISTRIBUTION

1. Where can customers **shop for** your Products/Services?

_____ At your Store/Office

_____ By Phone

_____ On your own Website

_____ On another Website

_____ Other: _____

2. Where can customers **buy** your products/services?

_____ At your store/office

_____ By phone

_____ On your own website

_____ On another website

_____ Other: _____

3. Where can customers **get/receive** the products/services they buy from you?

_____ At your Store/Office

_____ At Home

_____ Other: _____

4. How do **new customers hear about your products/services?**

_____ Referrals from: _____ Existing Customers _____ Partners _____ others in the industry

_____ Personal or Direct Sales

_____ Presentations in community/events/trade shows

_____ Free samples/Discounts

_____ Distribution of brochures/fliers

_____ On your website/Internet search

_____ Social Media – Describe: _____

_____ Paid advertising in: _____ Print (newspapers/magazines) _____ Internet

_____ Other: _____

5. What steps do you take to retain **existing customers** or encourage repeat sales?

- _____ Quality Products and Services
- _____ Special Discounts for _____ Repeat users _____ Referrals
- _____ Distribution of brochures/fliers
- _____ Follow-up communication about promotions/sales _____ Emails _____ Calls _____ Mailings
- _____ Social Media – Describe: _____
- _____ Paid Advertising in: _____ Print (newspapers/magazines) _____ Internet
- _____ Other: _____

COMPETITION

1. Who are 3 direct competitors?

Competitor (and Location)	Description
_____	_____
_____	_____
_____	_____

2. How does your business compare to your competitors on price, quality & convenience?

Business Name	Price (Average)	Quality	Convenience
Your business	\$ _____	_____	_____
Competitor 1	\$ _____	_____	_____
Competitor 2	\$ _____	_____	_____
Competitor 3	\$ _____	_____	_____

OPERATIONS

1. What is the business' operating schedule?

Sun	Mon	Tue	Wed	Thu	Fri	Sat
_____	_____	_____	_____	_____	_____	_____

2. **Personnel** - Do you have any formal employees? _____ Yes How many? _____

Title	Name	Responsibilities	Monthly Pay
_____	_____	_____	_____

_____ Yourself _____

3. Inventory - List the products you buy from your vendors and costs to you:

Product	Vendor	Cost/Quantity
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4. How do you pay for the products? Please check all that apply:

Cash
 Check
 Credit Card
 Supplier Credit
 Other

5. If you have Supplier Credit, what are the terms? _____

6. If you do not have Supplier Credit, explain why. Have you inquired? Were you denied? Or is it not available from your suppliers? _____

7. Equipment

Describe the equipment you use to prepare/deliver your products and what it costs you

Equipment	Used for	\$ Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SALES AND FINANCES

1. Sales Information

Category	201__	201__	201__
Sales/Revenue	\$ _____	\$ _____	\$ _____
Expense	\$ _____	\$ _____	\$ _____
Profit	\$ _____	\$ _____	\$ _____

- a. What were your average monthly sales last year? \$ _____
- b. What are your best 3 months for sales? _____
Average sales during those months \$ _____
- c. What are your worst months for sales? _____
Average sales during those months \$ _____
- d. What % of sales is paid by Cash? _____%
By Credit Card? _____%
- e. What percentage of sales is in Credit/ Accounts Receivable? _____%
How many days does it take to collect Accounts Receivable? _____ Days

2. Financial Information

- a. What is the level of business records kept for your business (financial statements etc.)? (1 to 4) _____
1= no formal records; 2= some written records; 3=some regular reports; 4= professional/ accountant
- b. What is your method of employee compensation? ____ Check ____ Cash
Other: _____
- c. Have you previously received a loan or credit for your business?
____ Yes (Attach additional pages if needed)

Loan Amount	Lender/Credit Card	Date	Current Balance	Monthly Payment
\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	_____	_____	\$ _____	\$ _____

Attach additional pages if needed

d. Owner's Investment History

How much did you/other owners invest to start/acquire the business? \$ _____

How much did you/other owners invest in the last 12 months? \$ _____

How much will you/other owners invest in the next 12 months? \$ _____

e. Banking Information

Please provide information about your current business bank account if other than the credit union:

Bank Name: _____ Phone: _____

Account #: _____ Date opened: _____

3. LESPFCU Sources and Uses Statement

In the columns provided below, please cite the sources of funding for the current or proposed project and the manner in which the funds will be allocated to accomplish the business goal. Sources might include personal savings, investment by other individuals or organizations, as well as business loans. The LESPFCU loan should be the first entry.

Sources

Uses

1. LESPFCU - Small Business Loan \$ _____	a. \$ _____ Purpose: _____ _____
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b. \$ _____ Purpose: _____ _____
--

c. \$ _____ Purpose: _____ _____
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2. Owner \$ _____	a. \$ _____ Purpose: _____ _____
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b. \$ _____ Purpose: _____ _____
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3. Other Lending Source \$ _____	a. \$ _____ Purpose: _____ _____
-------------------------------------	--

b. \$ _____



Business Plan Questionnaire
Business

Purpose: _____

Total
\$ _____

REFERENCE DISCLOSURE

Applicant Name: _____ Account #: _____

Reference 1: Relationship to borrower _____

First Name _____ Last Name _____
Street Address _____ City _____ State _____ Zip _____
Day Phone# _____ Evening Phone # _____

Reference 2: Relationship to borrower _____

First Name _____ Last Name _____
Street Address _____ City _____ State _____ Zip _____
Day Phone# _____ Evening Phone # _____

Reference 3: Relationship to borrower _____

First Name _____ Last Name _____
Street Address _____ City _____ State _____ Zip _____
Day Phone# _____ Evening Phone # _____

Borrower's Signature _____ Date _____