

611 Front Street, San Francisco, CA 94111 Phone (415) 477-8415 Fax (415) 394-9431
Finance Lender License No. 605-2764

Application Checklist

(For sole proprietorships)

An incomplete application will not be processed.

Each Applicant must submit the following items:

- Completed Microloan Application
- Detailed list of what the Microloan would be used for
- Personal resume
- Copy of the Applicant's driver's license
- Completed Credit Authorization form
- Completed Personal Financial Statement form
- Completed Personal Budget Analysis form
- Income statement projections for the next 2 years broken down by month
- Assumptions for each year of income statement projections (an explanation of how the numbers in each of the income statement projections were determined)
- Interim balance sheet and interim income statement (covering January 1st through the end of last month)
- Copies of federal tax returns for the past 3 years: 2009, 2007, 2006 (signed and dated with all schedules and attachments), if applicable
- Copy of any proposed or existing lease agreement, if applicable
- \$25 nonrefundable application fee. Please make check payable to: **TMC Development Working Solutions**

Startup businesses (businesses with less than one full year of sales) must also submit:

- Complete business plan

Existing businesses (businesses with one full year of sales or more) must also submit:

- Executive summary (a description of the history, operations, highlights, achievements and management of the business)

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Microloan Application

(For sole proprietorships)

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Business Information

Business name: _____

Business address: _____ City: _____

State: _____ Zip code: _____ Telephone: _____ Fax: _____

Brief business description: _____

Financing

A. Amount of Microloan request: \$ _____ (A)

B. Applicant's equity contribution: \$ _____ (B)

(Value of money and other assets the Applicant invested in the business during the past 12 months or will invest in the business).

Purpose of Microloan: _____

Source of Microloan repayment: _____

Use of Funds

	Amount of Microloan Request (Listed on line "A" on page 1)	Plus	Applicant's Equity Contribution (Listed on line "B" on page 1) Plus Any Additional Funds That Will Be Used For This Project	Equals	Total Project Cost
Inventory	\$	+	\$	=	\$
Equipment & machinery	\$	+	\$	=	\$
Leasehold improvements	\$	+	\$	=	\$
Professional fees	\$	+	\$	=	\$
Working capital	\$	+	\$	=	\$
Loan fees (If you would like loan fees financed by the Microloan, include estimated loan fees here)	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
Total	\$	+	\$	=	\$

On a separate sheet, please provide a more detailed list of exactly what the requested Microloan would be used for.

Public Benefit

As a direct result of receiving the requested Microloan, will your business:

Create jobs? Yes No

Please estimate how many jobs the business will create in the next 2 years: ____

Retain jobs? Yes No

Provide products and/or services currently not available? Yes No

Summary of Collateral

Collateral	Name of Owner(s)	Present Market Value
Real estate		\$
Equipment & machinery		\$
Inventory		\$
Other business assets		\$
Total		\$

Business Debt

(Any business loans, loans from family or friends, credit card debt, and any other debt the business has. Please list everything the business owes).

Creditor	Original Amount	Account Number		Maturity Date	Collateral Held
	Current Balance	Date of Loan	Interest Rate %	Monthly Payment	
1.	\$				
	\$		%	\$	
2.	\$				
	\$		%	\$	
3.	\$				
	\$		%	\$	
4.	\$				
	\$		%	\$	
5.	\$				
	\$		%	\$	

Business Site

Does your business lease space (other than your residence)? Yes No

If yes, what is the term of the lease? _____

What is the option to renew the lease (if any)? _____

Business Ownership

List below anyone who owns 20% or more of the business.

Name of Business Owner(s)	Percentage of Ownership	Annual Compensation
1. _____	_____%	\$ _____
2. _____	_____%	\$ _____

Management Training Completed

(Entrepreneurial training or business related workshops/consulting completed by the Applicant).

Name and Location of Program	Date Completed
1. _____	_____
2. _____	_____

Business References

TMC Development Working Solutions may contact these references to verify your relationship with them (suppliers, customers, vendors, etc.).

Contact Name & Company Name	Address, City, State, Zip Code	Phone Number
1.		
2.		
3.		

CERTIFICATION

The undersigned hereby represents and warrants that as of the date that to the best knowledge and belief of the undersigned, the information contained herein and attached hereto is accurate, correct, complete, and truly descriptive of the project, the Applicant and any guarantor or other party listed in this Application that may be involved in the project. It is hereby further represented and certified by the undersigned that the proceeds of any loan made on the basis of this application shall not be used for personal, family, or household purposes.

Date: _____

Signature: _____

Print Name: _____

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Credit Authorization

To be completed by any owner of 20% or more of the business.

The following information is necessary for TMC Development Working Solutions to complete a thorough credit investigation and obtain a copy of your credit report.

A copy of your driver's license/picture ID is REQUIRED for processing.

Legal Name: _____

Legal Address (No P.O. Boxes): _____

City, State and Zip Code: _____

Telephone Number: _____

Fax Number: _____

Driver's License Number: _____

State: _____

Social Security Number: _____

Birth Date: ____/____/____

I hereby authorize TMC Development Working Solutions ("WS") to contact credit reporting agencies and creditors with regard to the status of any past or outstanding debt or other credit history or information that such agencies make available for credit worthiness evaluation at present or at any time in the future for the purpose of making or monitoring a loan.

I have been informed that the requested credit report is for WS' use only and I will not be able to obtain a copy from WS. However, I have been informed that I may contact the credit reporting agencies individually to obtain a copy of a similar report.

WS will use its reasonable efforts to keep confidential such non-public financial and other information regarding this Credit Authorization and my loan application (the "Application") as it may receive, and I understand and agree that in any event WS may disclose any such information (a) to its directors, officers, employees, service providers, funding sources and agents, including accountants, legal counsel and other advisors (it being understood that WS has limited power and control over its agents, employees and other third parties and any failure by them to keep furnished information confidential shall neither constitute a breach of this confidentiality provision nor afford the undersigned or any other party a right of action against WS, its agents or employees), (b) to the extent requested by any government authority, (c) to the extent required by applicable laws or regulations or by any subpoena or similar legal process, (d) in connection with the exercise of any remedies hereunder or any suit, action or proceeding relating to this Credit Authorization or the Application, including, without limitation, any additional documents included with this Credit Authorization or the Application, or the enforcement of rights hereunder, (e) with my consent or (f) to the extent such information (i) becomes publicly available other than as a result of a breach of this confidentiality provision or (ii) becomes available to WS on a nonconfidential basis from a source other than me; provided that in no event shall WS be obligated or required to return any materials furnished by me, my business or any of its affiliates.

Date: _____

Signature: _____

Print Name: _____

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Personal Financial Statement

To be completed by any owner of 20% or more of the business.

 First name Middle name Last name

 Home street address City, state, zip code Home phone number

 How long have you lived at your current home address? Own Rent \$ _____
 Monthly payment

Are you currently (check one): Married Separated Unmarried (single, divorced or widowed)

 Name of current employer Employer's address City, state, zip code Phone number

 Current job title Dates of employment Monthly salary \$ _____

 Name of previous employer Dates of employment

Spouse and/or Co-Applicant:

 First name Middle name Last name

 Name of current employer Employer's address City, state, zip code Phone number

Schedule 1. Stocks and Bonds

Do you own 10% or more of any other company? Yes No

Please list any stocks or bonds you own in the chart below. Do not include retirement accounts such as IRA's, 401(k)'s, etc.

How Held*	Number of Shares or Bond Amount	Description	Pledged to another party (Yes or No)	Present Market Value
				\$
				\$
				\$
* Indicate J-Jointly with Spouse; O-Jointly with other than Spouse; A-Applicant's separate property; S-Spouse's separate property			Total	\$

Schedule 2. Notes Receivable

(Personal loans you have made to any other person or entity).

Name of Debtor	Date the Loan was Made	Annual Loan Payment Amount	Date of Final Payment of the Loan	Remaining Balance
		\$		\$
		\$		\$
Total				\$

Schedule 3. Real Estate Owned

How Held*	Property Address	a. Market Value	c. Date of Purchase	Name of Lender	a. 1 st Mortgage Balance	Monthly Payment
		b. Cost			b. 2 nd Mortgage Balance	Monthly Payment
		a. \$	c.	1 st	a. \$	\$
		b. \$		2 nd	b. \$	\$
		a. \$	c.	1 st	a. \$	\$
		b. \$		2 nd	b. \$	\$
Totals		a. \$	Totals		a. \$	\$
		b. \$			b. \$	\$

* Indicate J-Jointly with Spouse; O-Jointly with other than Spouse; A-Applicant's separate property; or S-Spouse's separate property.

Schedule 4. Personal Revolving Credit

(Credit cards and other revolving debt).

Creditor's Name	Monthly Payment	Present Balance
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

Schedule 5. Installment Loans and Notes Payable

(Student loans, auto loans and other loans).

Creditor's Name	Monthly Payment	Present Balance
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

Please use information from Schedules 1 to 5 (pages 1 & 2) to complete the table below.

Assets		Amount	Liabilities		Amount
Personal bank account(s)		\$	Mortgages on real estate (Schedule 3)		\$
Stocks and bonds (Schedule 1)		\$	Personal revolving credit (Schedule 4)		\$
Notes receivable (Schedule 2)		\$	Installment loans and notes payable (Schedule 5)		\$
Real estate owned (Schedule 3)		\$	Taxes owed for prior years		\$
Retirement accounts: IRA/Keogh/401k		\$	Taxes owed for current year		\$
Other investments		\$	Any other loans and liabilities not already listed		\$
Automobiles		\$			
Cash value life insurance		\$			
Other assets (provide itemized list)		\$			
Total Assets		\$	Total Liabilities		\$
Total Assets Minus Total Liabilities = \$ _____ Net Worth					

Annual Expected Income and Expenses (Covering the Next 12 Months)

(You do not have to list income from alimony, child support, or public assistance unless you want TMC Development Working Solutions to consider it for the purpose of this Application).

	Annual Income
Annual salary or wages from any job(s) you have outside of your business	\$
Annual rental income	\$
Annual business income (your salary or owner's draw from your business)	\$
Annual other income (describe)	\$
Total Annual Income	\$

	Annual Expenses
Annual living expenses (multiply your Total Monthly Expenses on your Personal Budget Analysis form by 12)	\$
Annual income taxes	\$
Annual other expenses	\$
Payments on any loans and contracts not listed in your Personal Budget Analysis	\$
Total Annual Expenses	\$

Total Annual Income Minus Total Annual Expenses = _____

Contingent Liabilities

Do you have any other loan(s) or have you entered into any other important contract(s) not described yet in this Personal Financial Statement? Yes No

If yes, please explain: _____

General Information

If you are married and a resident of California, questions 1-10 also apply to your spouse.

- 1. Are any of your assets held in trust? Yes No
- 2. Are there any unsatisfied judgments against you? Yes No
- 3. Have you been declared bankrupt within the past 10 years, or are you currently involved in a bankruptcy proceeding? Yes No
- 4. Have you been a principal or guarantor of the obligations of a firm that declared bankruptcy in the past 10 years? Yes No
- 5. Are you currently under audit by the IRS or any state or local tax authority? Yes No
- 6. Do you have any outstanding tax liabilities not already disclosed on this Personal Financial Statement? Yes No
- 7. Are any of your assets pledged or debts secured except as shown on this Personal Financial Statement? Yes No
- 8. Have you directly or indirectly been obligated on any loan or financing arrangement that resulted in foreclosure, repossession of assets, transfer of title in lieu of foreclosure, or judgment? Yes No
- 10. Are you a party to a lawsuit? Yes No
- 11. Have you been convicted of a crime? Yes No
(A conviction will not necessarily result in the denial of this Application.)

If you answered yes to any of the questions above, please explain. (Attach separate sheet if necessary).

Are you a U.S. Citizen? Yes No

If you answered no, provide Alien Registration Number: _____

Please provide a copy of front & back of registration card.

CERTIFICATION

The undersigned, for the purpose of procuring and establishing credit from time to time with TMC Development Working Solutions ("WS") and to induce WS to permit the undersigned to become indebted to WS on notes, endorsements, guarantees or otherwise, certifies that this Personal Financial Statement is a full, true and correct statement of the financial condition of the undersigned on the above date, and agrees to notify WS immediately of the extent and character of any material change in said financial condition, and also agrees that if a third party attempts to obtain or hold by writ of execution, garnishment, attachment, or other legal process, the assets of the undersigned, or property of the undersigned held by WS, or if any of the representations made in this Personal Financial Statement prove to be untrue, or if the undersigned fails to notify WS of any material changes as above agreed, or if the business or any interest therein of the undersigned is sold, then and in such case, at WS's option all the obligations of the undersigned to WS, or held by WS, shall immediately become due and payable, without demand or notice. This Personal Financial Statement shall be construed by WS to be a continuing statement of the financial condition of the undersigned until the undersigned advises in writing to the contrary. WS may request that the undersigned complete a new and original Personal Financial Statement of all assets of the undersigned upon each and every transaction in and by which the undersigned hereafter becomes indebted to WS.

I assure WS that all the information furnished is complete and correct. WS may verify any of this information. I understand I may apply for credit in my name alone without my spouse or any other person, regardless of my sex or marital status.

Date: _____

Signature: _____

Print Name: _____

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Personal Budget Analysis

To be completed by any owner of 20% or more of the business.

Name: _____

Spouse's Name*: _____

Expenses	Monthly Amount
Rent/Mortgage Payment	\$
Real Estate Taxes	\$
Auto Loan(s)	\$
Student Loan(s)	\$
Credit Card(s)	\$
Other Loan(s)	\$
Utilities & Telephone	\$
Insurance (all)	\$
Food	\$
Clothing	\$
Child Care	\$
Other (_____)	\$
Total Monthly Expenses	\$

CERTIFICATION

In signing below, I/we hereby certify that the above information is valid and correct to the best of my/our knowledge as of the date hereof.

Date: _____ Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____ Spouse's Signature*: _____

Spouse's Printed Name*: _____

** If applicable.*