



# Microenterprise Pre-Application Form Loan and Grant

## PERSONAL INFORMATION

Applicant Name (First, Middle, Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (Month/ Day/ Year) \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

CA Drivers License # \_\_\_\_\_ Email \_\_\_\_\_

Head of Household ☐ Yes ☐ No Gender ☐ M ☐ F ☐ Other Veteran ☐ Yes ☐ No Disabled ☐ Yes ☐ No

Marital Status ☐ Married ☐ Unmarried ☐ Separated Ethnicity ☐ Hispanic ☐ Non-Hispanic

Race (Check ALL that apply) ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American  
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other

Is there a Co-Applicant? ☐ Yes ☐ No Co-Applicant Name \_\_\_\_\_

Is Co-Applicant a Household Member? ☐ Yes ☐ No (\* A separate Pre-Application form is required for all Co-Applicants)

## PERSONAL FINANCIAL INFORMATION

List your monthly income (your income only) and your household monthly income (your income + income from other household earners).

Household Size _____	Adults _____	Children _____
<b>Source</b>	<b>Applicant's Monthly Income (You)</b>	<b>Household Monthly Income</b>
From Job / Employment	\$ _____	\$ _____
From Business	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

**NOTE:** If you are invited to complete a full application, documentation that verifies the income stated here will be required.

Have you ever filed bankruptcy or do you currently have property in foreclosure? ☐ Yes \* ☐ No

Do you have any unpaid federal or state taxes, liens or judgments against you? ☐ Yes \* ☐ No

Have you ever defaulted on a federal government student loan? ☐ Yes \* ☐ No

**\* If you have answered yes to any of the three questions above, please attach an explanation.**

The undersigned hereby authorizes the City of Arcata or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary – including business counselors, consultants, and partnering agencies – to verify the accuracy of the information provided herein and to determine creditworthiness. Further, the undersigned hereby certifies that the enclosed application information is valid, accurate and complete. A photographic or facsimile copy of this authorization may be deemed to be equivalent of the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## BUSINESS INFORMATION

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business Description \_\_\_\_\_

Total Number of Employees, Including Owner(s) \_\_\_\_\_

When did you, or when will you, start your business? \_\_\_\_\_

If you have an existing business, what were last year's gross revenues? \$ \_\_\_\_\_

## PROJECT DESCRIPTION – Business Needs

Please provide us with details about your business needs below. You may request a loan up to \$50,000.

**LOAN ONLY: List collateral available to secure a loan (such as a vehicle, real estate, equipment):**

How did you learn about this loan program? \_\_\_\_\_

Are you working with a Business Counselor (SBDC, WIB, County Business Counselor)? ☐ Yes ☐ No

Counselor Name and Contact Information: \_\_\_\_\_

**Submit by email, fax, or mail to:**

Community Development

City of Arcata, 736 F Street, Arcata, CA 95521

[comdev@cityofarcata.org](mailto:comdev@cityofarcata.org)