



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 _____

Source **Applicant's Monthly Income (You)** **Household Monthly Income**

From Job / Employment \$ _____ \$ _____

From Business \$ _____ \$ _____

Other \$ _____ \$ _____

Other \$ _____ \$ _____

TOTAL \$ _____ \$ _____

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 deeded 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