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Community Loan Fund of Southwestern Pennsylvania, Inc.

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# LOAN APPLICATION

*CL Fund provides capital to businesses in Southwestern Pennsylvania.*

GENERAL INFORMATION		
Trade Name of Business		Date
Legal Name of Business		Date Established
Business Address <i>(including City, State, &amp; Zip)</i>		County
		Neighborhood
Business Phone	Business Fax	Email
Applicant Name		Social Security #
Home Address <i>(including City, State, &amp; Zip)</i>		County
		Neighborhood
Home Phone	Alternate Phone	

BUSINESS TYPE INFORMATION		
Industry Type  <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other _____	Legal Structure  <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S - Corporation <input type="checkbox"/> C - Corporation	Tax ID Number (EIN)
		Date Incorporated

LOAN REQUEST		
Amount  \$	Owner(s) of Business	Social Security # of Owner(s)
Length (in years)	Proposed Collateral	Proposed Guarantors
Purpose of Loan	Total Cost of Project	

## BUSINESS HISTORY

A brief history of your business/organization and how it has grown.

<b>3 Year History</b>	Year:	Year:	Year:
Sales			
Gross Profit			
Net Profit Before Tax			

## OTHER:

How did you hear about CL Fund?

### Current employee status

# Full-time	# Part-time
# with benefits	# with benefits

### Projected NEW employees (within 3 years) if you receive financing

# of Full-time	# of Part-time
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What benefit does your business offer to the community?

By signing, I authorize CL Fund to review my/our creditworthiness, including obtaining a credit report.

Signature - Applicant		Date
Signature - Co-Owner	Social Security No.	Date
Signature - Co-Owner	Social Security No.	Date
Signature - Co-Owner	Social Security No.	Date
Signature - Co-Owner	Social Security No.	Date