

HEBREW FREE LOAN OF NEW JERSEY

BUSINESS LOAN APPLICATION

Full name of person completing this application

PHONE # _____ E-MAIL _____

1. BUSINESS NAME _____

2. TYPE OF LEGAL ENTITY, C.CORP ____, S.CORP ____, PART ____,

PROP ____, LLC _____ OTHER _____

3. BUSINESS ADDRESS _____

PHONE NUMBER _____

E MAIL OF BUSINESS _____

4. HOW LONG AT THIS ADDRESS ? _____

ANY OTHER AFFILIATED ADDRESS? _____ IF SO WHERE ?

5. DATE THE BUSINESS WAS FOUNDED ? _____

BY WHOM ? _____

YOUR RELATION TO FOUNDER, IF ANY? _____

6. DO YOU OR DID YOU OPERATE THIS BUSINESS UNDER ANY
OTHER NAME OR ADDRESS? _____ IF SO, WHAT IS IT ?

7. DO YOU RENT _____ OR OWN _____ THE SPACE OCCUPIED.

8. HOW MUCH SPACE DO YOU OCCUPY? _____ SQFT.

9. NAME OF LANDLORD _____

OR MORTGAGE CO? _____

10. ANY PRIOR ADDRESS FOR THIS BUSINESS? IF SO WHAT
WAS IT? _____

11. DESCRIPTION OF THIS BUSINESS. WHAT DOES THE
BUSINESS DO?

12. DO YOU HAVE A TITLE WITH THE COMPANY?

WHAT IS IT? _____

WHO IS THE CEO? _____

13. WHAT WAS YOUR ANNUAL INCOME FROM THIS BUSINESS

LAST YEAR \$ _____

IMMEDIATELY PRECEDING YEAR \$ _____

14. HOW MANY EMPLOYEES DO YOU CURRENTLY HAVE? _____

HOW MANY 12 MONTHS AGO _____ 24 MONTHS AGO _____

15. HOW LONG HAVE YOU BEEN IN THIS BUSINESS? _____

16. WHAT DID YOU DO BEFORE THIS? PLEASE ATTACH A VERY

BRIEF RESUME OF YOUR CAREER? _____

17. WHAT WERE THE BUSINESS' GROSS REVENUES FOR THE IMMEDIATELY PRECEDING YEAR END? \$_____

FOR THE YEAR END BEFORE THAT? \$_____

18. ANY HISTORY OF BUSINESS OR PERSONAL BANKRUPTCY OR REORGANIZATION?_____. IF SO, PLEASE COMMENT.

19. DO YOU AND/OR THE BUSINESS CURRENTLY HAVE ANY LOANS OUTSTANDING, EACH IN EXCESS OF \$5,000 ?

YES_____ NO_____

IF YES, PLEASE IDENTIFY AND EXPLAIN FOR EACH THE AMOUNT, TERM, DATE TAKEN OUT AND USE.

20. PLEASE SUBMIT A BRIEF, CONCISE. GOING FORWARD BUSINESS PLAN FOR YOUR COMPANY. THIS IS A VERY IMPORTANT REQUEST.

Note: A business Plan is a formal written document detailing business goals, why these goals are necessary, the methods on how these goals will be attained and the time frame within which these goals need to be achieved._

21.. REQUESTED AMOUNT OF THIS LOAN \$ _____

22. WHAT WILL THE LOAN PROCEEDS BE USED FOR? BE AS SPECIFIC AS POSSIBLE AND USE THE BACK OF THIS PAGE IF NEEDED

23.WE NEED COMPLETE INFORMATION CONCERNING THE OWNERSHIP OF YOUR COMPANY. SPECIFICALLY, WHO OWNS WHAT PERCENTAGE OF THE BUSINESS?

THE FOLLOWING DATA MUST EQUAL 100% OF THE EQUITY.

OWNERS OF 5% OR MORE

NAME _____

ADDRESS _____

PHONE (C) _____ (H) _____

E MAIL _____ SS# _____

PERCENTAGE OF OWNERSHIP _____ %

NAME _____

ADDRESS _____

PHONE © _____ (H) _____

E MAIL _____ SS# _____

PERCENTAGE OF OWNERSHIP _____ %

NAME _____

ADDRESS _____

PHONE NUMBER © _____ (H) _____

E MAIL _____ SS# _____

PERCENTAGE OF OWNERSHIP _____%

IF ADDITIONAL, USE BACK OF THIS PAGE

OWNERS OF LESS THAN 5%

NAME _____ %

NAME _____ %

NAME _____ %

NAME _____ %

IF ADDITIONAL, USE BACK OF THIS PAGE

TOTAL EQUITY.....100%

GUARANTORS

YOU WILL NEED AT LEAST TWO GUARANTORS WITH FINANCIAL RESOURCES ACCEPTABLE TO THE LOAN COMMITTEE FOR THIS LOAN. THEY CANNOT BE CLERGY OR BOARD MEMBERS OF HFLNJ. AT LEAST ONE MUST BE A LEGAL RESIDENT OF NEW JERSEY. EACH WILL BE JOINTLY AND SEVERALLY LIABLE FOR

THE FULL AMOUNT OF THE LOAN, PAYABLE IN FULL IN THE
EVENT OF A DEFAULT.

24. NAME AND LEGAL RESIDENCE ADDRESS OF GUARANTOR #1.

PHONE NUMBER_____

E MAIL_____

25. NAME AND LEGAL RESIDENCE ADDRESS OF GUARANTOR # 2

PHONE NUMBER_____

E MAIL_____

26. WHO IS YOUR ACCOUNTANT?

NAME_____

ADDRESS_____

PHONE NUMBER_____

E MAIL_____

27. WHO IS YOUR ATTORNEY?

NAME_____

ADDRESS _____

PHONE NUMBER _____

E MAIL _____

28. WHAT IS THE NAME AND ADDRESS OF YOUR PRIMARY
BANK ? _____

29 DO YOU IDENTIFY AS JEWISH? YES ____ NO ____

IF YES, IN WHICH COMMUNITY ?

30.. ADDITIONAL DOCUMENTS ARE REQUIRED TO BE SUBMITTED IT IS NOT NECESSARY HOWEVER ,TO SUBMIT THEM AT THIS TIME THEY ARE:

2 YEARS IMMEDIATELY PRECEDING :

*YOUR PERSONAL TAX RETURNS

* BUSINESS TAX RETURNS

*BUSINESS P&L STATEMENTS

*BRIEF RESUME OF CEO, COO, CFO, AND MAJOR SHAREHOLDERS ,PARTNERS/INVESTORS.

* EVIDENCE OF PROPER INSURANCE IN FORCE

WILL YOU BE ABLE TO SUBMIT THEM IMMEDIATELY WHEN REQUESTED?_____IF NO, WHY NOT?_____

YOU HAVE COMPLETED THE APPLICATION. PLEASE ADD ANY
ADDITIONAL INFORMATION YOU FEEL WOULD HELP US IN RE-
VIEWING THIS LOAN REQUEST.

YOUR SPOUSE'S SIGNATURE WILL BE REQUIRED ON SEVERAL
OF THE LOAN DOCUMENTS. THEREFORE SHE/HE SHOULD BE A
PARTY TO THIS APPLICATION.

PRINT YOUR NAME _____

SIGNATURE _____

LEGAL ADDRESS _____

PHONE # _____ E MAIL _____

PRINT SPOUSE NAME _____

SIGNATURE _____

LEGAL ADDRESS _____

PHONE # ___# _____ MAIL _____

COMPLETION DATE _____

HFLNJ REVIEWED BY _____ DATE _____

AS043020hrh

