



MICROLOAN APPLICATION

Send Completed Application To:

Wyoming Women's Business Center
Attn: Waldo Smith
PO Box 764
Laramie, WY 82073

Or via Fax or Email to:
Fax: 307-460-3945
Email: wsmith34@uwyo.edu

Questions? Please call Waldo Smith at (307) 760-2698

Business Information

What is the name of your business? _____

When did you start your business? _____
(month / year) Business Tax ID Number (TIN) _____

Have you registered with the Secretary of State? Yes _____ No _____

Mailing Address _____
Street or PO Box City State Zip

Physical Address _____
Street City State Zip

Business Phone Cell Phone Email Address

Structure of Business:
_____ Sole Proprietor _____ C-Corporation
_____ Limited Liability Company _____ Partnership
_____ S-Corp _____ Other: _____

If other than Sole Proprietor please list names of all owners and percent of ownership for each:

What product/service does your business provide? _____

Loan Request Info

Amount of Loan Requested: _____

Use of Loan Funds (be specific and attach invoices/estimates): _____

Assets to be used as collateral for loan (include year/make/model/serial number/VIN etc):

Item Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

Primary Applicant / Owner Information

First Name _____ Middle _____ Last Name _____

Birth date (MM/DD/YYYY)

Social Security No

Are you currently a Wyoming Resident? Yes _____ No _____

Mailing Address _____

Street or PO Box _____ City _____ State _____ Zip _____

Physical Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____

Position / Title _____ % Ownership _____

Previous Address (complete if you have been at your previous address for less than 2 years)

Previous Address _____

Street _____ City _____ State _____ Zip _____

Primary Applicant Marital / Housing Status

Marital Status:	Single _____	Housing:	Own _____
	Married _____		Rent _____
	Partnered _____		Homeless _____
	Widowed _____		Live with Friend _____
	Separated _____		Live with Relative _____
	Divorced _____		Other _____

Primary Applicant Household Information

How many adults (18 yrs and older) currently live in your household? _____

How many dependent children (under 18 yrs) currently live in your household? _____

Primary Applicant Current Employment Information

Have you ever owned your own business before? Yes _____ No _____

Are you employed by someone else right now? Yes _____ No _____

Do you plan to continue this employment? Yes _____ No _____

If No, please provide explanation: _____

Average # of Hours Worked Per Week _____ Rate of Pay: _____

When did you start this employment? _____ (month/year)

Name of Employer _____ Your Job Title / Position _____

Work Address _____
Street _____ City _____ State _____ Zip _____

Supervisor Name _____ Phone Number _____

Friend or Family Contact Information

Please list a friend or relative who would definitely know how to contact you, even if you move:

First Name _____ Middle _____ Last Name _____

Mailing Address _____
Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____

Primary Applicant's Assets and Liabilities

Part of determining program eligibility for the WWBC Loan Program is based on an applicant's net worth (assets minus liabilities). Please fill out the following chart and if you have any questions please give us a call.

Assets (Items you Own)		Liabilities (Money you Owe)		
	Value		Current Balance	Monthly Payment
Cash on hand (in home, purse, etc)	\$ _____	Credit Card(s)	_____	_____
Cash in Checking Accounts	\$ _____	Student Loan(s)	_____	_____
Cash in Savings Accounts	\$ _____	Medical Bill(s)	_____	_____
Value of Stocks, Bonds, Investments	\$ _____	Outstanding Bill(s)	_____	_____
Value of Retirement (401K's etc)	\$ _____	Loans Due to Family	_____	_____
Value of Primary Car/Truck Owned Describe Auto: (Model, Year)	\$ _____	Primary Car Loan	_____	_____
Value of Other Cars/Trucks Owned Describe Autos:	\$ _____	Other Auto Loan(s)	_____	_____
Value of ATV's/Snowmobiles/Etc. Describe:	\$ _____	ATV etc, Loan(s)	_____	_____
Value of Home if Owned	\$ _____	1st Home Loan	_____	_____
Value of Business if Owned	\$ _____	2nd Home Loan	_____	_____
Value of Other Real Estate Owned Describe other Real Estate:	\$ _____	Real Estate Loans	_____	_____
Other Asset(s) Valued over \$250? Describe:	\$ _____	Business Loan(s) Describe:	_____	_____
		Other Loan(s) Describe:	_____	_____
			_____	_____
Totals:	\$ _____	Totals:	\$ _____	\$ _____

Primary Applicant Household Monthly Income

List monthly income (before taxes) of all household members. Your household includes all of the people living with you that are your relatives, plus anyone who depends on you for income (like children away at college or elderly family members living in nursing homes) plus anyone you depend on for income (like a spouse) whether or not they live with you. You should count all of these people in the total number of individuals in your household on the previous page(s).

Source/Description of Income	Monthly Household \$
Self Employment (from business described previously or income from applicant or household members including income from doing laundry, sewing, childcare, etc)	
Applicant	\$ _____
Other Members of Household	\$ _____
Monthly Wages (paid by another to applicant or to other members of the household)	
Applicant	\$ _____
Other Members of Household	\$ _____
Government Assistance (please provide monthly income for all household members)	
Refugee Assistance	\$ _____
TANF	\$ _____
Food Stamps	\$ _____
SSI or SSD	\$ _____
Social Security Retirement	\$ _____
Unemployment Insurance	\$ _____
Veteran's Benefit	\$ _____
Housing Voucher or Subsidy	\$ _____
Other Sources:	
Pensions or Retirement Income	\$ _____
Child Support / Alimony Payments Received	\$ _____
Monthly Cash or Gifts from Friends/Family	\$ _____
Rent Paid to You by Others	\$ _____
Investment / Interest Income	\$ _____
Other (please specify) _____	\$ _____
Total Income: \$ _____	

Are you required to pay child support and / or alimony? Yes _____ No _____

If yes, how much is required for payment each month? \$ _____

Primary Applicant - Other Income / Earned Tax Credit Information

Do you receive any other income? Yes _____ No _____

If yes, from what source? _____

What amount is received? \$ _____ How Often? _____

Did you file a Federal Income Tax Return Last Year? Yes _____ No _____

Were you eligible for the Earned Income Tax Credit? Yes _____ No _____

Applicant Consent and Release of Information / Credit Authorization

I hereby certify that the information in the WWBC Loan Application is true and correct to the best of my knowledge. I also authorize the Wyoming Women's Business Center to make all inquiries with credit bureaus and others as it deems necessary to verify said information. If selected to participate in the WWBC Loan Program I authorize ongoing reporting of financial and credit related information as needed. I also understand that if accepted into the WWBC Loan Program, I must adhere to any reporting requirements, surveys, or other requirements as outlined in this application package.

Primary Applicant Signature

Date

Print Name

Co-Applicant Information

First Name _____

Middle _____

Last Name _____

Birth date (MM/DD/YYYY) _____

Social Security No _____

Are you currently a Wyoming Resident? _____

Yes _____

No _____

Mailing Address _____

Street or PO Box _____

City _____

State _____

Zip _____

Physical Address _____

Street _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Position / Title _____

% Ownership _____

Previous Address (complete if you have been at your previous address for less than 2 years)

Previous Address _____

Street _____

City _____

State _____

Zip _____

Relationship to Primary Applicant: _____

Co-Applicant Marital / Housing Status

Marital Status:

Single _____

Married _____

Partnered _____

Widowed _____

Separated _____

Divorced _____

Housing:

Own _____

Rent _____

Homeless _____

Live with Friend _____

Live with Relative _____

Other _____

Co-Applicant Household Information

How many adults (18 yrs and older) currently live in your household? _____

How many dependent children (under 18 yrs) currently live in your household? _____

Co-Applicant Current Employment Information

Have you ever owned your own business before? Yes _____ No _____

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Average # of Hours Worked Per Week _____ Rate of Pay: _____

When did you start this employment? _____ (month/year)

Name of Employer _____ Your Job Title / Position _____

Work Address _____
Street _____ City _____ State _____ Zip _____

Supervisor Name _____ Phone Number _____

Co-Applicant Friend or Family Contact Information

Please list a friend or relative who would definitely know how to contact you, even if you move and should be different than the Primary Applicant friend or family contact listed previously:

First Name _____ Middle _____ Last Name _____

Mailing Address _____
Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____

Co-Applicant's Assets and Liabilities

Only complete this section if Co-Applicant is not related to the primary applicant or is not included in the previous Applicant Asset/Liability worksheet. **DO NOT DUPLICATE ASSETS / LIABILITIES PREVIOUSLY LISTED IN APPLICATION.** If Co-Applicant assets / liabilities are separate from the primary applicant then please complete the following chart.

Assets (Items you Own)		Liabilities (Money you Owe)		
	Value		Current Balance	Monthly Payment
Cash on hand (in home, purse, etc)	\$ _____	Credit Card(s)	_____	_____
Cash in Checking Accounts	\$ _____	Student Loan(s)	_____	_____
Cash in Savings Accounts	\$ _____	Medical Bill(s)	_____	_____
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Other Asset(s) Valued over \$250? Describe:	\$ _____	Business Loan(s) Describe:	_____	_____
		Other Loan(s) Describe:	_____	_____
			_____	_____
			_____	_____
Totals:	\$ _____	Totals	\$ _____	\$ _____

Co-Applicant Household Monthly Income

Only complete this section if Co-Applicant is not related to the primary applicant or is not included in the previous Household Income Summary. **DO NOT DUPLICATE INCOME SOURCES PREVIOUSLY LISTED IN APPLICATION.** If Co-Applicant income is separate from primary applicant then please list monthly income (before taxes) of all household members. Your household includes all of the people living with you that are your relatives, plus anyone who depends on you for income (like children away at college or elderly family members living in nursing homes) plus anyone you depend on for income (like a spouse) whether or not they live with you. You should count all of these people in the total number of individuals in your household on the previous page(s).

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Other Sources:	
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Child Support / Alimony Payments Received	\$ _____
Monthly Cash or Gifts from Friends/Family	\$ _____
Rent Paid to You by Others	\$ _____
Investment / Interest Income	\$ _____
Other (please specify) _____	\$ _____
Total Income: \$ _____	

Are you required to pay child support and / or alimony? Yes _____ No _____

If yes, how much is required for payment each month? \$ _____

Co-Applicant - Other Income / Earned Tax Credit Information

Do you receive any other income? Yes _____ No _____

If yes, from what source? _____

What amount is received? \$ _____ How Often? _____

Did you file a Federal Income Tax Return Last Year? Yes _____ No _____

Were you eligible for the Earned Income Tax Credit? Yes _____ No _____

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I hereby certify that the information in the WWBC Loan Application is true and correct to the best of my knowledge. I also authorize the Wyoming Women's Business Center to make all inquiries with credit bureaus and others as it deems necessary to verify said information. If selected to participate in the WWBC Loan Program I authorize ongoing reporting of financial and credit related information as needed. I also understand that if accepted into the WWBC Loan Program, I must adhere to any reporting requirements, surveys, or other requirements as outlined in this application package.

Co- Applicant Signature

Date

Print Name

Applicant & Co-Applicant / Business Background Check

Please answer all of the following questions. If you answer YES to any question it will not automatically exclude your application from review however you do need to attach an additional sheet with a description of the circumstances surrounding the situation leading to the YES response.

1. Are any principals who own, or will own the business, currently required to pay child support?

Yes No

If yes, please indicate the State and County in which the child support is due:

_____ State _____ County

2. Is any principal who owns, or will own at least 50% of the business, delinquent under the terms of any administrative or court order that requires payment of child support?

Yes No

3. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?

Yes No If yes, list year filed: _____

4. Are you or your business involved in any pending lawsuits or have any outstanding judgments?

Yes No

5. Does your business, its owners, or majority stockholders own or have a controlling interest in another business?

Yes No

6. Are any of the individuals listed under "management/owners" on parole or probation?

Yes No

7. Have any of the individuals listed under "management/owners" been convicted of a felony?

Yes No

8. Is the business, its owners, or majority stockholders, an endorser or co-maker for obligations not listed on its/their financial statements?

Yes No

9. Are **ANY** taxes (County, State, Federal - Income, Real Estate, Employment, etc) currently delinquent?

Yes No

If yes, how much is delinquent \$ _____ What period is due? _____

List the name of the financial institution who denied you credit, and the details of the credit you requested.
(Attach notice of credit denial)

Name of financial institution: _____

Amount of credit requested: \$ _____ Details: _____

Please read and initial the following:

_____ The undersigned authorizes the WWBC to gather all consumer and business information relevant to the approval of this loan request and further authorizes all consumer and credit reporting agencies to furnish such information.

_____ Further, the undersigned certifies that all statements in the Loan Application and on each of the documents submitted with the application are true, accurate and complete.

_____ The undersigned further warrant(s) that the undersigned has no knowledge of any fact that, with the passage of time, could adversely affect the ability to repay this loan and agrees to notify WWBC of any material changes in the information provided.

_____ The undersigned acknowledges that completion of this application, even if favorably received, does not constitute a commitment on the part of the WWBC to extend credit.

_____ If a loan agreement is extended and accepted, the undersigned agrees to personally guarantee repayment, including all accrued interest, fees and costs associated with said credit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE APPLICATION AS COMPLETED, AND THAT EACH RESPONSE IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND ACCURATELY REFLECTS THE INTENDED RESPONSES.

Primary Applicant:

_____ Date: _____

Co-Applicant

_____ Date: _____



The Wyoming Women's Business Center is partially funded by the U.S. Small Business Administration. SBA funding is not an endorsement of any products, opinions, or services. All SBA funded programs are extended to the public on a nondiscriminatory basis. Arrangements for persons with disabilities will be made at all times in accordance with the Americans With Disabilities Act of 1990 and associated amendments. Arrangements for people with special needs will be made if requested at least two weeks in advance. Please direct questions or comments to the WWBC at 307-460-3947 or 888-524-1947.