



Providence Business Loan Fund
Jorge O. Elorza, Mayor

PRE-APPLICATION FOR ALL PBLF LOAN PROGRAMS

Section 1: Personal Information

Please complete the following information for each owner of the business.

Owner 1

Last Name	First Name	Middle Initial	Social Security No.	
Home Telephone	Mobile Telephone		Email Address	
Home Address	City	State	Zip	How long at this address?

Owner 2

Last Name	First Name	Middle Initial	Social Security No.	
Home Telephone	Mobile Telephone		Email Address	
Home Address	City	State	Zip	How long at this address?

Section 2: Business Information

Business Name	Time in Business Yrs months	Number of Full Time Employees	Number of Part Time Employees	
Please describe your business			DUNS Number	
Business Address	City	State	Zip	Location Type <input type="checkbox"/> Home <input type="checkbox"/> Store

Business Telephone No.	Business Fax No.	Website	<input type="checkbox"/> Office <input type="checkbox"/> Market <input type="checkbox"/> Other:
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Section 2: Business Information (continued)

Do you Own or Rent your location? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Landlord Name	Landlord Street Address	City	State	Zip
Business Ownership Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:			If incorporated, please list states and dates		
Gross Revenue for last Fiscal Year	Net Income for last Fiscal Year	Credit Score	Financial Record Keeping Do you keep financial records? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type: <input type="checkbox"/> Financial Software <input type="checkbox"/> Accountant, Name: _____ <input type="checkbox"/> Other:		
Amount Invested in Business	Value of Business Assets	Balance on Business Accounts			

Section 3: Loan Request Information

Ineligible Activities: The following activities are not eligible for funding through the Providence Economic Development Partnership:

- Construction work/equipment purchases that have been completed
- Refinancing of existing debt

Loan Amount	How many jobs will this loan create?	How many jobs will this loan retain?	If required, could you provide a co-signer for this loan?
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Loan Purpose/Use of Funds (Please be as specific as possible)

Collateral Available to Guarantee the Loan (Please list)

Section 4: Statement and Signatures of All Business Owners/Principals

I understand that this Loan Application may serve as the first step of a loan application and that the Providence Business Loan Fund (PBLF) may request supporting documents to verify the information provided. As part of the application process, I authorize PBLF to investigate and verify all of the above information. I authorize PBLF to perform a credit check, including obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors, from time to time, as authorized by law including retrieving a copy of my personal credit report. I also understand that the information provided on this form or on my credit report may be used by PBLF to either approve or decline my request for credit and that I may be required to provide other information in addition to this application. The release in any manner of all information by PBLF is hereby authorized whether such information is of record or not, and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information.

1. Owner 1 Signature	Title	Date
2. Owner 2 Signature	Title	Date

If there are more than two owners, please attach an additional sheet.

Documentation and Application Submission

Documentation Required

Please check the following box(s) to indicate that you have submitted the documentation required for this application:

- 3 years Personal and Business Financials of All Applicants
- Notarized Conflict of Interest

Application Submission

Please submit your completed application and associated documentation by delivering, mailing, or faxing it to:

Providence Economic Development Partnership
444 Westminster Street, Suite 3A
Providence, RI 02903

Fax Number: 401.680.8493

Thank you for your interest in our Business Assistance Programs. One of our loan officers will be contacting you shortly to discuss your application. If you have any questions, please contact us at 401.680.8410 or submit your question via the contact us form on www.opportunityprovidence.com.

FOR OFFICE USE ONLY

Public Benefit: _____

National Objective: _____