PLEASE RETURN PACKET TO:

LIFT COMMUNITY ACTION AGENCY, INC. SMALL BUSINESS LOAN DEPARTMENT

Attn: Sheila Pierce, Loan Officer
NMLS #1616259
500 East Rosewood
Hugo, Oklahoma 74743 Phone: 580-326-5165
Fax: 580-326-0556

Packet Should Include:

Customer Intake Sheet
LIFT Authorization Letter
Pre-qualification Loan Sheet for each applicant
Credit Report Fee of $27.55 Single
or $48.85 Joint
Payable to LIFT

Copy of Driver’s License for each applicant
Copy of Social Security Card for each applicant
LIFT COMMUNITY ACTION AGENCY, INC.
PRE-QUALIFICATION LOAN APPLICATION

Each person who owns 20% or more of the business must complete this application in order to be considered. Once you are prequalified, you will be required to furnish complete and accurate financial statements for all applicants and guarantors. Incomplete applications will not be accepted.

**PERSONAL INFORMATION**

Name: __________________________
Home Address: __________________________
City: __________________ State: _______ ZIP: _______
E-Mail: __________________________
Phone #: __________________
Cell #: __________________
SSI: __________________

**BUSINESS INFORMATION**

Name: __________________________
Business Description: __________________________
Address: __________________________
City: __________________ State: _______ ZIP: _______
Phone #: __________________
FAX #: __________________
Web Site: __________________
Startup Date: ____________
Legal Status: Sole Proprietor ☐ Partnership ☐ Corporation ☐

**LOAN REQUEST**

Amount: __________________________
Purpose: __________________________

**COLLATERAL**

Value of Business Assets Owned: __________________________
Value of Other Personal Property: __________________________

**PERSONAL CASH FLOW**

Total Monthly Income from all Household Sources: $ ____________
Total Monthly Household Expense: $ ____________

**BUSINESS CASH FLOW**

Average Gross Monthly Sales: $ ____________
Average Gross Monthly Expenses: $ ____________

**PERSONAL ASSETS**

Cash on Hand: $ ____________
Value of Investments: $ ____________
Real Estate: $ ____________
Vehicles: $ ____________
Value of Life Insurance: $ ____________
Other Assets: $ ____________
TOTAL: $ ____________

**PERSONAL LIABILITIES**

Total Credit Card Balance: $ ____________
Total Bank Loan Balance: $ ____________
Total Mortgage Balance: $ ____________
Balance Due on Vehicle Loans: $ ____________
Other Loans/Liabilities: $ ____________
TOTAL: $ ____________
**Minimum Criteria (Provide written explanations below)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are you at least 21 and a US citizen?</td>
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<td>If loan request is more than $20,000, do you have a Bank denial letter?</td>
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<td>Have you filed bankruptcy in the last 10 years?</td>
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<td>Do you have any unpaid taxes?</td>
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<td>Do you have any outstanding police, public, or legal issues?</td>
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<td>Are there any pending lawsuits against you or your business?</td>
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<td>Do you owe any outstanding child support?</td>
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<td>Are you a guarantor, co-maker or endorser on any loans?</td>
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<td>Have you ever defaulted on a federal government contract or student loan?</td>
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<td>Do you have equity to invest? (i.e. cash, inventory, etc.)</td>
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<td>Do you have a bank account?</td>
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<td>Do you have experience/management ability?</td>
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<td>Do you have a written business plan?</td>
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**Other Factors**

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Do you (or someone in your household) have a secondary source of income?</td>
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<td>Is your business for profit?</td>
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<td>Did your business make a profit last year?</td>
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<td>Have you had any NSF checks returned in the last 3 months?</td>
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<td>Do you own real estate other than your home?</td>
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<td>Will your credit report show you have been current with creditors over</td>
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<td>the past 18 months?</td>
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<td>Have you addressed any derogatory statements on your credit report?</td>
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<td>Do you have someone who will cosign or guarantee your loan?</td>
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**Explanations**

______________________________________________________________________

______________________________________________________________________

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**Authorization and Certification:**

I hereby certify that everything that I have stated in this application is true and correct to the best of my knowledge. You are authorized to check my credit and make any other inquiries necessary to verify the statements made.

**Signature** ______________________________________________________  **Date** __________________________

For Office Use: **Date Received** __________ **By:** __________ **Accepted:** Yes ______ No ______ **Date:** __________
EDS Enrollment ELC HS

LIFT COMMUNITY ACTION AGENCY FAMILY PROFILE

Center: __________ _ Captain ID: ________ _

SERVICE: ________________ _ INTAKE WORKER: ___________________ _ DATE: __________ _

SSN# __________ _ FIRST, MI, & LAST NAME _________________ _ DATE OF BIRTH __________ _

□ Male □ Female Marital Status: __________ _ EDUCATION: 0-8 9-12 HS Grad. GED 12+ years 2 yr. Degree 4 yr. Degree Other ______

RACE: (Circle One) White Non-Hispanic White-Hispanic African American American Indian Asian Bi-racial/Multiple Other Native Hawaiian/Pacific Islander

HEALTH INSURANCE? None Medicaid Medicare Military Employment Based Direct Purchase State Children’s Health Ins. State Health Ins. For Adults Tribal

MILITARY: No Military Status Active Military Veteran FOOD STAMPS: Yes No DISABLED? Yes No CDIB: Yes No

WORK STATUS: Employed full-time Employed part-time Unemployed (less than 6 months) Unemployed (more than 6 months) Retired Not in labor force Seasonal Farmer

NON-CASH BENEFITS: WIC LIHEAP Section 8 Housing Public Housing Permanent Supportive Housing HUD-VASH
Childcare Subsidy Affordable Care Act Subsidy Tribal Commodities Food Stamps: $ __________

IF NO, WHAT IS THE REASON FOR NO NON-CASH BENEFITS: Not Eligible Not applied No need

DISCONNECTED YOUTH: In School/Not Working Not Working/Not in school Working/Not in school RESIDENT: American Citizen Documented Alien Undocumented

STREET _ ZIP _ CITY _ COUNTY _ STATE __________

HOUSING (Circle One): Own/Buy Rent Other Permanent Housing Homeless Other PRIMARY LANGUAGE: English Spanish Other ______

FAMILY TYPE: Female – Single Parent Male – Single Parent Two Parent Household One Person Household Two Adults – No Children Other ______

HOME PHONE _ CELL PHONE __________

T – TANF WC – Worker’s Comp PD – Private Disability CS – Child Support

Please list each type of income separately and use abbreviations listed above.

Monthly Income: EXAMPLE: $ 500.00 – EMP $286.00 – TANF $150.00 – OTH

Verified by: W2 Check stubs Tax return Letter Other
Please complete this side of the form for the additional members of your household.

<table>
<thead>
<tr>
<th>SSN</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Male (M) or Female (F)</th>
<th>Marital Status</th>
<th>Relation to Applicant</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Education</th>
<th>Health Insurance</th>
<th>Work Status</th>
<th>Disconnected Youth</th>
<th>Non-Cash Benefits</th>
<th>Source of Income</th>
<th>Monthly Income ($)</th>
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Marital Status: M - Mother, F - Father, D - Divorced, W - Widowed, S - Sister, B - Brother, C - Cohabiting, SP - Spouse, GH - Child, GC - Grandchild, G - Guardian, FC - Foster Child, FP - Foster Parent, P - Partner, FR - Friend, O - Other
Ethnicity: H - Hispanic, N - Non-Hispanic
Race: AI - American Indian, AS - Asian, BI - Biracial, BB - Black/African American, HA - Hawaiian/Pacific Islander, O - Other, W - White/Caucasian
Education: 0-8 - 0-8th grade, 9-12 - 9-12th grade, HS - High School Grad, GED - GED, 12+ - 12+ some post sec, 2yr - 2 Yr. Degree, 4yr - 4 Yr. Degree, O - Other post secondary
Health Insurance: N - None, E - Employment Based, M - Medicaid, MC - Medicare, MN - Military Health, SA - State Ins. For Adults, T - Tribal
Work Status: EFT - Employed Full Time, EPT - Employed Part Time, F - Seasonal Farmer, UEL - Unemployed 6 or more months, UES - Unemployed less than 6 mo.
Disconnected Youth: W - Working/Not in School, I - In School/Not Working, N - Not Working/Not in School

*If any of your responses do not fall into these categories please write in your response.

X ____________________________  Signature of Client  ____________________________  Date

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<th>Amount</th>
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Applicant Employment (2 years)

Current Employer: ___________________________ Position: ___________________________ From __________ to Present
Address: __________________________________________ Phone ( ) __________________________
                      Street/P.O. Box   City   State   Zip

Previous Employer: ___________________________ Position: ___________________________ From __________ to __________
Address: __________________________________________ Phone ( ) __________________________
                      Street/P.O. Box   City   State   Zip

Co-applicant Employment (2 years)

Current Employer: ___________________________ Position: ___________________________ From __________ to Present
Address: __________________________________________ Phone ( ) __________________________
                      Street/P.O. Box   City   State   Zip

Previous Employer: ___________________________ Position: ___________________________ From __________ to __________
Address: __________________________________________ Phone ( ) __________________________
                      Street/P.O. Box   City   State   Zip

Current Landlord Information

Rent paying now $____________ From ______/_____/_______ to present
Name: __________________________________________ Phone: ( ) __________________________
Address: __________________________________________ Phone: ( ) __________________________
                      Street/P.O. Box   City   State   Zip

Previous Landlord Information

Rent $____________ From ______/_____/_______ to ______/_____/_______
Name: __________________________________________ Phone: ( ) __________________________
Address: __________________________________________ Phone: ( ) __________________________
                      Street/P.O. Box   City   State   Zip

Assets (savings accounts, checking accounts, stocks/bonds, life insurance, retirement accounts)
Institution ___________________________ Acct # ______________ Balance $ __________
Institution ___________________________ Acct # ______________ Balance $ __________

Automobiles
Year ______ Make ______ Model ______ Value $ __________ Loan Balance $ __________
Year ______ Make ______ Model ______ Value $ __________ Loan Balance $ __________

Real Estate
Address: __________________________________________ Market Value: $ __________
Loan Balance: $ __________ Mortgage Holder: ____________________________ Pending Sale __________ Rental __________
Authorization To Release Information

To:__________________________

Re:__________________________
   Account or Identifying Number

I have applied for business planning through the Mobile/Business Information Center of LIFT Community Action Agency, Inc., hereafter known as LIFT C.A.A., Inc. As a part of this process, LIFT C.A.A., Inc., may verify information contained in my request for assistance and in other documents as required in connection with this request.

I authorize you to provide to LIFT C.A.A., Inc., for verification purposes the following applicable information:

- Past and present income records.
- Bank account, stock holdings, and other asset balances.
- Past and present landlord references.
- Other consumer credit references.

I further authorize LIFT C.A.A., Inc. to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq.; LIFT C.A.A., Inc. is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan application will be available to LIFT C.A.A., Inc. without further notice or authorization, but will not be disclosed or released by LIFT C.A.A., Inc. to another agency or department for another purpose without my consent except as required or permitted by law.

The information LIFT C.A.A., Inc. obtains is only to be used in the processing of my request for assistance.

Your prompt reply is appreciated.

______________________________  ____________________________
Signature of Applicant          Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0166. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SEE ATTACHED PRIVACY ACT NOTICE

OMB No. 0575-00166 (Modified)