

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: _____	SS#: _____		
Home Address: _____	Phone #: _____		
City: _____ State: _____ ZIP: _____	Cell #: _____		
E-Mail: _____	Date of Birth: _____		

BUSINESS INFORMATION			
Name: _____	% Ownership: _____		
Business Description: _____	Address: _____		
City: _____ State: _____ ZIP: _____	Phone #: _____		
Web Site: _____	FAX #: _____		
Startup Date: _____	Legal Status: Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> 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		PERSONAL LIABILITIES	
Cash on Hand:	\$ _____	Total Credit Card Balance:	\$ _____
Value of Investments:	\$ _____	Total Bank Loan Balance:	\$ _____
Real Estate:	\$ _____	Total Mortgage Balance:	\$ _____
Vehicles:	\$ _____	Balance Due on Vehicle Loans:	\$ _____
Value of Life Insurance:	\$ _____	Other Loans/Liabilities:	\$ _____
Other Assets:	\$ _____		
TOTAL:	\$ _____	TOTAL:	\$ _____

Minimum Criteria (Provide written explanations below)

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

Other Factors

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

Explanations

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: _____

LIFT COMMUNITY ACTION AGENCY FAMILY PROFILE

EHS Enrollment Center: _____ ELC HS

Agency Use Only Captain ID: _____

SERVICE: _____ INTAKE WORKER: _____ DATE: _____

SSN# [] FIRST, MI, & LAST NAME [] DATE OF BIRTH [] / [] / []

GENDER [] 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 []

Income Abbreviations: EITC - Earned Income Tax Credit VA - Service Connected Disability VAN - Non-Service Connected Disability SSDA - Soc. Sec. Disability P - Pension W - Wages SS - Social Security SSI - Supplemental Security Inc. UE - Unemployment AL - Alimony 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

SSN	First Name	Middle Initial	Last Name	Date of Birth	Male (M) or Female (F)	Using the key below please answer the following							Answer (Y) Yes or (N) No		Using the key below please answer the following			Amount			
						Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Military Status N - No A - Active V - Veteran	Disabled	American Citizen	CDIB card	Work Status	Disconnected Youth	Non-Cash Benefits	Source of Income	Monthly Income (\$)	
Marital Status	Relation to	Ethnicity	Race	Education	Health Insurance	Work Status	Disconnected Youth	Non Cash Benefits	Source of Income												
SS - Single	M - Mother	H - Hispanic	AI - American Indian	0-8 - 0-8th grade	N - None	EFT - Employed Full Time	W - Working/Not In School	WIC - WIC	EITC - Earned Income Tax Credit												
M - Married	F - Father	N - Non-Hispanic	AS - Asian	9-12 - 9-12th grade	D - Direct Purchase	EPT - Employed Part Time	I - In School/Not Working	LI - LIHEAP	VA - Service Connected Disability												
D - Divorced	C - Child		BI - Biracial	HS - High School Grad	E - Employment Based	F - Seasonal Farmer	N - Not Working/Not In School	FS - Food Stamps/SNAP	VAN - Non-Service Connected Disability												
W - Widowed	S - Sister		BB - Black/African American	GED - GED	M - Medicaid	UEL - Unemployed 6 or more months		PSH - Perm. Supp. Housing	SSDA - Soc. Sec. Dis.												
S - Separated	B - Brother		HA - Hawaiian/Pacific Islander	12+ - 12+ some post sec.	MC - Medicare	UES - Unemployed less than 6 mo.		ACA - Aff. Care Act Subsidy	SSI - State Supplemental												
C - Cohabiting	SP - Spouse		O - Other	2yr - 2 Yr. Degree	MH - Military Health	UE - Not in Labor Force		HCV - Section 8	CS - Child Support												
CH - Child	GP - Grandparent		W - White/Caucasian	4yr - 4 Yr. Degree	SC - State Children's Ins.	R - Retired		CV - Childcare Voucher	UE - Unemployment												
	GC - Grandchild			O - Other post secondary	SA - State Ins. For Adults			PH - Public Housing	AL - Alimony												
	G - Guardian				T - Tribal			NO - None	T - TANF												
	FC - Foster Child							NN - None No Need	WC - Worker's Comp												
	FP - Foster Parent							NE - None Not Eligible	PD - Private Disability												
	P - Partner							HUD - HUD VASH	NO - No Income												
	FR - Friend								W - Wages												
	O - Other								SS - Social Security												
									PEN - Pension												

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

X _____
Signature of Client

Date

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: _____
Street/ P.O. Box City State Zip

Previous Landlord Information

Rent \$ _____ From _____ / _____ / _____ to _____ / _____ / _____

Name: _____ Phone: () _____

Address: _____
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)