



Loan Pre-Qualification Application

Instructions:

Each person who owns 20% or more of the business *must* complete this application in order to be considered. All financial information can be filled in with estimates. However, if you are pre-qualified for financing, we will be asking for a complete and accurate financial statement and personal balance sheet from each applicant and/or guarantor.

Please submit this application and the **\$15 non-refundable** credit analysis fee (per applicant/guarantor) to *MetroAction, Inc., 222 Mulberry Street, PO Box 431, Scranton, PA 18501* or if paying by credit card, fax to (570) 347-6262. For more information on our small business financing or training programs, or to receive help in completing this application, call (570) 342.7711 or visit our website, www.MetroAction.org.

Business Information					
Legal Name of Business			DBA Name		County
Products/Services Sold		Legal Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Non-profit			Web Address
Mailing Address			Location Address (No PO Boxes)		
City	State	Zip	City	State	Zip
Business Phone ()		Business Fax ()		Phase: <input type="checkbox"/> Planning <input type="checkbox"/> Pre-start up (<1yr) <input type="checkbox"/> Start Up (1-2 yrs) <input type="checkbox"/> Existing (>2 yrs)	Business Start Date

Loan Request			
Amount Requested \$	Are you willing to accept less? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the minimum amount you will accept? \$	Do you have a business plan prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm in the process
Intended Use of Funds		How did you hear about MetroAction, Inc.	
<input type="checkbox"/> Machinery/Equipment \$ _____ <input type="checkbox"/> Leasehold Improvements \$ _____ <input type="checkbox"/> Inventory Purchases \$ _____ <input type="checkbox"/> Accounts Payable \$ _____ <input type="checkbox"/> Start-up Capital \$ _____ <input type="checkbox"/> Business Acquisition \$ _____ <input type="checkbox"/> Other: _____ \$ _____		<input type="checkbox"/> Small Business Development Center <input type="checkbox"/> Internet/Website <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Newspaper <input type="checkbox"/> Small Business Administration <input type="checkbox"/> TV <input type="checkbox"/> Government Agency <input type="checkbox"/> Radio <input type="checkbox"/> Bank: _____ <input type="checkbox"/> Family/Friend <input type="checkbox"/> Other: _____ <input type="checkbox"/> Brochure	

Collateral			
Collateral Available to Secure Loan		*Investments pertaining to retirement accounts cannot be used	
<input type="checkbox"/> Personal Real Estate	\$ _____	<input type="checkbox"/> Whole Life Insurance	\$ _____
<input type="checkbox"/> Business Real Estate	\$ _____	<input type="checkbox"/> Vehicle	\$ _____
<input type="checkbox"/> Machinery/Equipment	\$ _____	<input type="checkbox"/> Other Business Assets	\$ _____
<input type="checkbox"/> Inventory	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Stocks, Bonds, Security	\$ _____	<input type="checkbox"/> None	

Business Cash Flow	
Business Cash Flow (if start-up, you may use projections)	
Average Gross Monthly Sales:	\$ _____
Average Gross Monthly Expenses:	\$ _____

Additional Questions About Your Business	
Are you working with a counselor from the Small Business Development Center (SBDC)? Provide Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a business checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business have any outstanding public or legal issues? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business involved in any pending lawsuits? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied to other lenders for financing? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EACH APPLICANT AND/OR GUARANTOR MUST COMPLETE THIS PAGE AND INCLUDE THE \$15 CREDIT ANALYSIS FEE.
(You may photocopy this page if necessary.)**

Personal Information					
Last Name	First Name	Middle Initial	Date of Birth	Social Security Number	
Home Address		City	State	Zip	<input type="checkbox"/> Rent Yrs ___ Mos ___ <input type="checkbox"/> Own Yrs ___ Mos ___ <small>(If you live w/ someone, select "Rent")</small>
Home Phone ()	Cell Phone ()	Email Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
% Ownership	Title	Are you a veteran of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Eskimo/Aleut <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Native American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other		

Personal Cash Flow	Personal Information (Continued)
Personal Cash Flow Total Monthly Income From All Household Sources: \$ _____ Total Monthly Household Expenses: \$ _____	Race: <input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> 2 or more races <input type="checkbox"/> Other

Personal Assets & Liabilities			
Personal Assets Value (estimated)		Personal Liabilities (estimated)	
Cash on Hand:	\$ _____	Total Credit Card Balance:	\$ _____
Savings/Checking/Stocks, etc.:	\$ _____	Total Bank/Student Loans Balance:	\$ _____
Real Estate (Current Market Value):	\$ _____	Total Mortgage Balance:	\$ _____
Automobile:	\$ _____	Total Auto Balance:	\$ _____
Life Insurance:	\$ _____	Other Liabilities:	\$ _____
Other Assets:	\$ _____	<i>(Please use the balance as listed on your last statement)</i>	

Additional Questions About the Applicant		
Have you ever filed bankruptcy? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If bankruptcy has been discharged, please provide the type and discharge date: _____		
Do you have any collection items or unpaid taxes? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any outstanding police, public or legal issues? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you involved in any pending lawsuits? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe any outstanding child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever defaulted on a federal government contract, loan or student loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen, or do you have a green card or other proof of residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you, or someone else in your household, have a secondary source of income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own real estate property (excluding your homestead)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there another person who would be willing to personally guarantee your loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever owned and failed in a business? If "Yes", please explain on an additional sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have personal cash available to invest in the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Authorization and Certification
I authorize MetroAction, Inc. to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness through a personal credit check. I hereby certify that all information contained in this document and any attachments is true and correct to the best of my knowledge.
Signature _____ Date _____

Payment Information
<i>Only applications completed in their entirety, including the \$15 non-refundable credit fee per applicant, will be considered. Make checks payable to "MetroAction, Inc."</i>
Payment Method (check one): <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Total Amount Due: \$ _____ (\$15 per applicant/guarantor)
Credit Card Number: _____ Exp Date: _____
Name on Card: _____ V-Code: _____
Address: _____

For Office Use Only: Date Rcvd: ___/___/___ By: _____ Date Processed: ___/___/___
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