

# LENDING WORKS, INC. LOAN APPLICATION RULES

Lending works Inc. provides **interest free** micro-enterprise loans to adults with developmental disabilities. These loans finance start-up costs for self-employment and to assist in expanding a small business.

## ELIGIBILITY

Applicants must be at least **18 years** of age and are clients of **Alta Regional Center** or residents of **California**.

## MAXIMUM LOAN AMOUNT

The maximum loan amount is \$3,000.

## TERMS OF REPAYMENT

- i. The maximum term for repayment will be 48 months
- ii. Loans are paid back in:
  - Lump sum **OR**
  - Equal payments or any amount more than the minimum monthly payments

## OTHER REQUIREMENTS

- i. Must NOT be a member of the Board
- ii. Loan application FORMS must be received by the Board BEFORE the 1<sup>st</sup> of every month to be given consideration during the following month. Any loan applications received after the 1<sup>st</sup> will be voted the next month. Example: An application received on May 28 will be considered in June. An application received on June 2 will be voted in July.
- iii. Expect a response in four (4) weeks after the 1<sup>st</sup> of the following month.
- iv. Loan applicants will be informed in writing if application is accepted, deferred or rejected.

## A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:

- i. Loan application form.
- ii. Business plan that includes ALL financials: Sales projections, Profit & Loss projections, Cash Flow projections.
- iii. A copy of Business License
- iv. Proof of Business Checking Account.
- v. Two reference letters from support staff guaranteeing their support to applicant to operate the business.
- vi. Copy of a valid ID

**Please complete and return to:**

See Official Use Only Applicant number _____ Date received _____ Received by _____ Signature _____
--

Ap

**Lending Works, Inc.**

105 E St. Ste 2F  
Davis, CA. 95616

The loan application is in 4 sections. Please fill each section as accurately as possible.

**MICRO-ENTERPRISE LOAN PROGRAM  
LENDING WORKS, INC.**

**LOAN APPLICATION FORM**

Please TYPE or PRINT all request information.

**SECTION 1. APPLICANT INFORMATION**

Full name: -----  
Address: -----  
City/State/Zip: -----  
Phone: ----- Fax -----  
Email -----  
Contact Person ----- Phone -----  
Loan amount request: \_\_\_\_\_

**SECTION 2. WHAT YOU NEED THE LOAN FOR**

NEED LOAN FOR	CHECK MARK	COMMENTS
Start-up capital		
Business expansion		
Upgrading facility		
Buying equipment		

<b>Purchase of software</b>		
<b>Other – specify</b>		

**SECTION 3. PROOF OF STAFF SUPPORT TO OPERATE BUSINESS**

<b>Business skills</b>	<b>I can do this</b>	<b>I need these support</b>	<b>Who will provide support</b>	<b>Not applicable</b>
<b>Bookkeeping</b>				
<b>Managing inventory/ ordering supplies</b>				
<b>Producing the product/service</b>				
<b>Record keeping</b>				
<b>Marketing</b>				
<b>Sales/selling</b>				
<b>Establishing &amp; maintaining a consistent work schedule</b>				
<b>Managing cash &amp; checks</b>				
<b>Supervising personnel</b>				
<b>Transportation</b>				
<b>Communication</b>				
<b>Other Support systems: -Alta Regional Center -Vocational Rehabilitation -Employment support -PASS</b>				
<b>Other:</b>				

**\*Please attach two (2) LETTERS OF REFERENCE**

**\*Two (2) references must fill out and sign below**

**I hereby certify that the applicant receives/will receive the required support to help him/her succeed in self-employment.**

**Name of reference -----**

**Title -----**

**Relationship to applicant -----**

**How long have you known the applicant -----**

**Signature -----**

**Date -----**

**Name of reference -----**

**Title -----**

**Relationship to applicant -----**

**How long have you known the applicant -----**

**Signature -----**

**Date -----**

**SECTION 4: CERTIFICATION**

**I (WE) CERTIFY THAT I (WE) AM (ARE) CLIENTS OF ALTA REGIONAL CENTER OR AN INDIVIDUAL WITH DISABILITIES RESIDING IN CALIFORNIA.**

**Initial -----**

**I (WE) CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE AND MADE IN GOOD FAITH TO OBTAIN A LOAN FOR MY BUSINESS.**

**Initial -----**

**I (WE) UNDERSTAND THAT FALSE INFORMATION OR MISREPRESENTATION OF INFORMATION ON THIS APPLICATION WILL BE REASONABLE CAUSE FOR DENIAL OF MY (OUR) REQUEST OR RESULTING IN THE LOAN BEING RECALLED IMMEDIATELY AND PAYABLE IN FULL. I (WE) ALSO UNDERSTAND THAT IF THE MONEY IS**

**USED FOR ANYTHING OTHER THAN MY (OUR) BUSINESS, THE LOAN  
WILL BE RECALLED IMMEDIATELY.**

**Initial -----**

**I CERTIFY THAT I WILL BE RESPONSIBLE FOR REPAYMENT OF ALL  
MONIES BORROWED. I CONFIRM THAT I HAVE READ, UNDERSTOOD AND  
AGREE TO COMPLY WITH ALL THE STATEMENTS ABOVE**

-----  
**Applicant's Signature**

-----  
**Co-applicant's  
Signature**

-----  
**Date**