



## **Westwater Financial, Inc.**

8979 Conde Ln., Suite A

Windsor, CA 95492

(707) 419-3070

### **MICRO LOAN CHECKLIST**

#### **\$500-\$5,000 Loan**

Applicant's Name: \_\_\_\_\_

Date Completed Application Received: \_\_\_\_\_

- \_\_\_\_\_ **1. Micro Loan Application**  
Form enclosed
  - \_\_\_\_\_ **2. Current/Proposed Business Information Form**  
Form enclosed  
Attach at least two years of projected cash flows
  - \_\_\_\_\_ **3. Personal Financial Statement**  
Form enclosed  
Attach a signed current statement for each stockholder, partner, officer, & owner.
  - \_\_\_\_\_ **4. Personal Tax Returns**  
Attach federal tax returns for the last three years for each individual referenced in #3 above (or signed extension)
  - \_\_\_\_\_ **5. Business Financial Statements and Tax Returns**  
Submit income statements, balance sheets and tax returns for the last three years for business and affiliates
  - \_\_\_\_\_ **6. Interim Business Financial Statements**  
Submit statements that are current within ninety (90) days of application filing date
  - \_\_\_\_\_ **7. List of Machinery or Equipment**  
If you are buying machinery or equipment with loan proceeds, please attach a list of equipment and costs/Purchase order as quoted by the seller.
  - \_\_\_\_\_ **8. Purchase Agreement**  
If you are buying real estate or an on-going business with loan proceeds, please attach a signed Purchase Agreement, including the Seller's name and contact information
  - \_\_\_\_\_ **9. Construction Plans & Project Cost**  
For construction loans, please attach an estimated cost of the project and statement of source of additional funds. Also, please attach preliminary construction plans as prepared by a qualified, independent third party such as a contractor or architect.
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### MICROLOAN APPLICATION

#### Amount of Loan

Request: \$ \_\_\_\_\_

#### I. General Information

Name \_\_\_\_\_ (Applicant)

Name \_\_\_\_\_ (Business)

Mailing address of business: \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### II. Ownership & Management

Structure of business (Check One)

- Corporation
- Sub Chapter S Corporation
- LLC
- Partnership
- Sole Proprietorship

Ownership of applicant company (List all owners & stockholders):

\_\_\_\_\_

#### III. Company History/Profile

Month/year business was established: \_\_\_\_\_

Tax ID or EIN#: \_\_\_\_\_

Line of Business: \_\_\_\_\_

# of Full Time Employees: \_\_\_\_\_ # of Part Time Employees: \_\_\_\_\_ (Include owner, if applicable)

#### IV. Collateral

| Name | Description | Value |
|------|-------------|-------|
|      |             |       |
|      |             |       |
|      |             |       |

**V. Existing Business Loans Payable**

| Whom Payable/ Account Number | Original Amount | Original Loan Date month/year | Term | Interest Rate | Outstanding Balance | Collateral Used |
|------------------------------|-----------------|-------------------------------|------|---------------|---------------------|-----------------|
|                              |                 |                               |      |               |                     |                 |
|                              |                 |                               |      |               |                     |                 |
|                              |                 |                               |      |               |                     |                 |

**VI. Description of Proposed Financing**

Loan Request (Please Itemize)

Building Renovations: \_\_\_\_\_ Owner Contribution: \_\_\_\_\_

Leasehold Improvements: \_\_\_\_\_ Other Funding Sources: List Separate: \_\_\_\_\_

Machinery & equipment/Supplies: \_\_\_\_\_

Inventory: \_\_\_\_\_

Working Capital: \_\_\_\_\_

Other (describe: Vehicle, Home) \_\_\_\_\_ Total Loan Request\*: \_\_\_\_\_

Total Project Costs: \$ \_\_\_\_\_

\*Total Loan Request=Total Project Costs minus owner Contribution and Other Funding Sources

1. Are you presently under indictment, on parole or probation or have you ever been charged with or arrested or convicted of any criminal offense other than a vehicle violation? Attach explanation if yes.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you been involved in bankruptcy proceedings or insolvency proceedings or have pending personal or business judgments, unsettled lawsuits or major disputes? Attach explanation if yes.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please submit this application with any additional information requested.**

I/We authorize the **Westwater Financial, Inc.** to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from **Westwater Financial, Inc.**, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, tribal, state and local laws and regulations to the extent that such are applicable.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title



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### Current or Proposed Business Information Form

Date:

First Name, Middle Initial, Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Web Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please use additional paper, if needed, when answering the following questions.**

1. Have you participated in any WF classes or activities before?  Yes  No

3. Where are you right now in the self-employment process? Check all that apply.

- a. I'm still trying to decide whether to start my own business
- b. I'm in the process of starting my own business
- c. I have been selling my product or service for less than 12 months  
Date started: \_\_\_\_\_
- d. I have been selling my product or service for 12 months or more  
Date started: \_\_\_\_\_
- e. I have been selling my product or service for 12 months or more and I am documenting a net profit

4. What is your business or business idea? Please check the category and DESCRIBE your product or service.

- a. Arts \_\_\_\_\_
- b. Business Services \_\_\_\_\_
- c. Childcare \_\_\_\_\_
- d. Cleaning Services \_\_\_\_\_
- e. Clothing accessories/textiles/home furnishings \_\_\_\_\_
- f. Health services \_\_\_\_\_
- g. Personal service/beauty \_\_\_\_\_
- h. Social Services \_\_\_\_\_
- i. Travel/tourism \_\_\_\_\_
- j. Other \_\_\_\_\_

If you have more than one business or area of self-employment, please describe below:

\_\_\_\_\_

5. What is your current employment status? Check all that apply.

- | Employment status                                    | Hours Per Week |
|--|----------------|
| <input type="checkbox"/> a. Self employed            | _____          |
| <input type="checkbox"/> b. Employed by someone else | _____          |
| <input type="checkbox"/> c. A fulltime homemaker     |                |
| <input type="checkbox"/> d. Unemployed               | Since: _____   |

6. What percentage of your income would you like to come from self-employment earnings? Please give a number from zero to one hundred percent \_\_\_\_\_%.

7. Have you ever owned another business in the past?  Yes  No

8. Has anyone in your family ever owned a business?  Yes  No

**ARE YOU CURRENTLY SELLING YOUR PRODUCT OR SERVICE?**

- Yes: Please answer questions 9 through 29**
- No: Please skip to question 18 (answer 18 through 29)**

9. What is the name of your business?

Business Name: \_\_\_\_\_  
Product or Service: \_\_\_\_\_

10. Do you run this business out of your home?  Yes  No

11. Does your business have any employees?  Yes  No  
 If yes, how many full time employees (35 hours per week or more) \_\_\_\_\_  
 How many part time employees (less than 35 hours per week) \_\_\_\_\_  
 How many seasonal employees \_\_\_\_\_  
 How many contract employees \_\_\_\_\_  
 How many volunteers \_\_\_\_\_

12. What were your total sales and expenses in the past year? If you do not keep records please estimate to the best of your knowledge.

| If your business is less than 12 months old  | If your business is more than 12 months old                             |
|--|---|
| What were your total sales in the last month?<br>\$ _____                          | What were your total sales over the last 12 months? \$ _____            |
| Are most months like this <input type="checkbox"/> yes <input type="checkbox"/> no | What were your total business expenses over the last 12 months \$ _____ |
| If no, please explain:   | Use this area for additional explanation:                               |
| What would be an average month's sales?<br>\$ _____                                |   |
| What were your total business expenses in the last month? \$ _____                 |   |
| Are most months like this <input type="checkbox"/> yes <input type="checkbox"/> no |   |
| If no, please explain:   |   |
| What would be an average month's business expenses \$ _____                        |   |

13. What was your profit or loss? If you've been selling your product or service for more than 12 months please include totals for the last 12 months. If you've been selling your product or service for less than 12 months, please include totals since your business began.

Tips:

- Use your responses to the previous question above.
- Please give the profit or loss before you pay taxes and before you pay yourself a draw.
- If you are not sure how to determine your total sales and expenses, multiply your average month's sales and expenses by 12.
- Include totals for the last 12 months or since your business began.

|                                |    |
|--------------------------------|----|
| Total Sales                    | \$ |
| Total Business Expenses:       | \$ |
| (Subtract expenses from sales) | \$ |
| Business Profit or Loss        | \$ |

14. Did you pay yourself a salary or take home a draw from your business?

Yes  No

If yes, how much per month: \_\_\_\_\_

15. Did a household member or business partner receive a salary or take a draw from the business?

Yes  No

If yes, please complete below:

Household member:

If in business less than one year:

\$ \_\_\_\_\_ on average per month for \_\_\_\_\_ months

If in business more than one year:

\$ \_\_\_\_\_ on average per month for \_\_\_\_\_ months

Business Partner:

If in business less than one year:

\$ \_\_\_\_\_ on average per month for \_\_\_\_\_ months

If in business more than one year:

\$ \_\_\_\_\_ on average per month for \_\_\_\_\_ months

16. What sources of funding did you use to start and /or expand your business? If you have used funding multiple times from one source, please add the amounts for a total.

| Source of Funding                                     | Yes or No  | Amount |
|---|--|--------|
| Personal Savings                                      | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Credit Card(s)  | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Government Loan                                       | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Business loan from a commercial financial institution | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Business loan from Westwater Financial, Inc.          | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Loan from family or friends                           | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Gift from family or friends                           | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Investor(s) venture capital, silent partner, etc.     | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |
| Other: _____  | <input type="checkbox"/> yes <input type="checkbox"/> no | \$     |

17. What does your business currently own and what does it currently owe?

| What your business owns (business assets) |  |                           | What your business owes (liabilities) |  |                              |
|---|--|---------------------------|---------------------------------------|--|------------------------------|
| Does your business have:                  | Yes/No   | What is the current value | Does your business owe a balance on:  | Yes/No   | How much is the balance owed |
| Building or land                          | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        | Mortgage                              | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                           |
| Cars or trucks                            | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        | Auto Loan(s)                          | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                           |
| Equipment or materials incl. inventory    | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        | Credit Card(s)                        | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                           |
| Business savings Accounts                 | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        | Business Loan                         | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                           |
| Business checking accts.                  | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        | Debt to suppliers                     | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                           |
| Other financial Accounts                  | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        | Other Liabilities: Specify.           | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                           |
| Stocks or bonds                           | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        |                                       |  |                              |
| Other assets: Specify.                    | <input type="checkbox"/> yes <input type="checkbox"/> no | \$                        |                                       |  |                              |
| <b>Business Assets</b>                    | <b>TOTAL</b>   | <b>\$</b>                 | <b>Liabilities</b>                    | <b>TOTAL</b>   | <b>\$</b>                    |



**BUSINESS EXPERIENCE**

18. Please describe each type of experience below, describe what you did and for how long (Months/Years)

a.) Experience running your own business:

Length of Time

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b) Paid and unpaid work experience that would help you in the type of business you run or would like to run including a current job (work at home for family, volunteer, etc.)

Experience

Length of Time

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c) Training or education you have had that would help you in the type of business you run or would like to run.

Experience

Length of Time

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d) Based on your experience, what do you think is the most challenging issue or aspect of running your business?

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19. Do you have a written business plan?  Yes  No

20. How do you feel that Westwater Financial, Inc. can help you?

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21. Do you keep records of your personal or household budget and expenses?

Yes  No

22. Have you ever saved money for something you wanted or needed?  Yes  No

Please explain:

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23. Describe what you know about:

a.) Your best customers (target market)

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b) Your competition

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c) Your industry

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d) How much are your basic costs. Please indicate if the cost is part of your startup, overhead or direct costs.

Describe:

|       | Cost     |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

24. How much money do you think you need to start your business? How do you plan to get it? (Savings, Loans from family, Loans from banks, Grant?)

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25. Explain who will support your decision to be self-employed (family, friends, etc) and how they will support you.

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**MARKET ANALYSIS**

26. Start by describing your industry and those factors that have occurred (or are occurring) that will favorably influence the success and profitability of the business. Please give a description of your primary customers. Are they individual consumers or businesses? What are their age range, sex, and income level? Is there anything unique about the customers you intend to sell/service?

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27. What promotional activities do you plan to use? (e.g., advertising, publicity, internet, literature, trade shows, etc.)

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28. How will your promotional activities reach the customers?

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29. What is the customer's expectation for your product or service in terms of price, quality, service, delivery, packaging, etc?

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**Section 3 – Stocks & Bonds** (Use attachments as necessary. Each attachment must be identified as a part of the statement, signed and dated.)

| Number of Share | Name of Securities | Cost | Market Value Quotation | Date of Quotation | Total Value |
|-----------------|--------------------|------|------------------------|-------------------|-------------|
|                 |                    |      |                        |                   |             |
|                 |                    |      |                        |                   |             |
|                 |                    |      |                        |                   |             |
|                 |                    |      |                        |                   |             |
|                 |                    |      |                        |                   |             |
|                 |                    |      |                        |                   |             |
|                 |                    |      |                        |                   |             |

**Section 4 – Real Estate Owned** (List each parcel separately. Each attachment must be identified as a part of the statement, signed and dated.)

| Type of Property<br>Address of Property | Date Purchased | Original Cost | Present Market Value | Mortgage Balance | Monthly Payments | Monthly Rental Income | Name & Address of Mortgage Lender |
|---|----------------|---------------|----------------------|------------------|------------------|-----------------------|-----------------------------------|
|   |                |               |                      |                  |                  |                       |                                   |
|   |                |               |                      |                  |                  |                       |                                   |
|   |                |               |                      |                  |                  |                       |                                   |
|   |                |               |                      |                  |                  |                       |                                   |
|   |                |               |                      |                  |                  |                       |                                   |
|   |                |               |                      |                  |                  |                       |                                   |

**Section 5 – Other Personal Property & Other Assets including business investments not described above** (Describe, and if any is pledged as security, provide details of debt in Section 2 above. If assets are pledged for the debt of others, state name and address of lienholder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

**Section 6 – Unpaid Taxes** (Describe in detail: type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7 – Other Debt** (Describe in detail.)

**Section 8 – Life Insurance Held** (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

I authorize Westwater Financial, Inc. to make inquiries as necessary to verify the accuracy of the statements made and to determine my Creditworthiness. I certify that the statements contained in the attachments and above are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan, equity capital, a guaranty or some other financial accommodation. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Have you ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a will? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you have life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have disability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_