

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

Loan Information and Requirements

- The repayment period available on any HELP loan up to \$10,000, provided by the HFLA is a maximum of forty-eight (48) months, based on the loan amount and at the sole discretion of HFLA. Repayment must be made with post-dated checks.
- All applicants must be a resident of Miami-Dade County for at least one (1) year prior to the application date.
- All applicants and co-signers must be a State of Florida resident for at least one (1) year prior to the application date. All applicants and co-signers MUST be U.S. Citizens or Permanent Residents.
- Applicants must provide the HFLA with two (2) qualified co-signers for each loan.
- Applicants must specify the reason or purpose for the loan on the application.
- Applicants must be gainfully employed or have a verifiable means to repay loan.
- Persons who currently have a loan with the HFLA may not be a co-signer to any loan. No person in active military service may be a co-signer.
- A qualified co-signer is a person who has the financial ability to repay the loan if the borrower defaults. Co-signers are jointly and severally liable for the loan repayment.
- Any person acting as a co-signer is not eligible for a loan from the HFLA until the loan on which he has guaranteed has been paid in full.
- The applicant and co-signers will have a credit report performed in order to determine credit worthiness.
- The HFLA reserves the right to contact any and all co-signers as it deems necessary.
- Valid copies of State of Florida drivers' licenses must be provided by both the applicant and the co-signers.
- The Promissory Note states that in the event of a default, the co-signers are liable for the loan, "jointly and severally". HFLA would expect the co-signers on the note to share equally in the responsibility of repayment of the loan. However, each co-signer is liable for the full amount and, as such, would be called upon to repay the total balance due in full in the event a default occurs.



HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

BORROWER LOAN APPLICATION

(Please type or print legibly)

Section 1: Personal Information

Entrepreneurs Name: _____ Date: ____/____/2013

Name of Business: _____ Social Security #: _____

Permanent Address: _____

Date of Birth: ____/____/____ Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Business Phone: (____) ____ - ____ Fax: (____) ____ - ____ Marital Status: _____

Email Address: _____ Web Address: _____

Are you Jewish: Yes ___ No ___ Are you currently receiving any public assistance: Yes ___ No ___

Gender: Male ___ Female ___ Number of children/dependents in your household: _____

Total number of people in your household: _____ City/Country of origin: _____

Citizenship: U.S. ___ Permanent Resident ___ Date of arrival in United States: ____/____/____

Highest level of education received: _____

Balance in accounts: Checking \$ _____ Savings \$ _____ 401K/IRA \$ _____

Investments _____ Life Insurance _____ Other _____

Do you own a house or apartment: Yes ___ No ___ Date of purchase: ____/____/____

If yes, what is the current value: \$ _____ Balance on mortgage: _____

Please list your loan history (e.g., education, equipment leases, banks loans, friends & family loans, car):

What is the bank name(s), repayment history and the interest rate charged?

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

Employment Status (FT > 35 hours/week): FT Self Employed: _____ FT Employed: _____

Seasonal Employed: _____ PT Self Employed: _____ PT Employed: _____ Unemployed: _____

Current Occupation: _____ Last year's annual gross income: \$ _____

Spouse's Occupation: _____ Spouse's annual gross income: \$ _____

Employment History (Please list all places of employment and dates for the last five years):

| Position M/Year M/Year | Employer | Dates (from M/Year to M/Year) |
|------------------------|----------|-------------------------------|
|------------------------|----------|-------------------------------|

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How did you learn about the HELP Program (radio, news, television, friends, website, other):

Section 2: Business Information

***Below are important instructions for filling out Section 2. Please read before proceeding further.**

Section 2 helps us evaluate your business idea or plan for expanding an existing or new business. If you are not yet in business some of the questions below will not apply to you. Please answer all the questions that apply to the best of your ability. *We understand that you might not have all the requested information. Answer only those questions you can to the best of your ability.*

All written and oral information disclosed or provided by the applicant to the Hebrew Free Loan Association of South Florida ("HFLA") under this agreement is strictly confidential and will not be disclosed to any third party.

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

Are you planning to: **START** **EXPAND** or **PURCHASE** a business? *(Please circle one).*

If already in business, date formed ___ / ___ / ___ and date purchased ___ / ___ / ___ (if applicable)

A. Business Description:

Is this business full-time or part-time (FT>35 hours/week): FT _____ PT _____ Seasonal _____

Please provide a description of your business or business idea below. Describe your product or service.

B. Customer:

Please describe your target or actual customers *(age, gender, ethnicity, income, profession, etc.):*

C. Market:

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

Who is your competition and how you are different (*e.g., price, location, hours open, quality of product*):

How will you market your product or service?

What is the average price of your product or service?

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Please provide a % breakdown of your target areas where your customers will come from:

D. Ownership

Is the business registered/incorporated with the State of FL: Yes ___ No ___ Date: ___/___/2013

Is the business a: Corporation: ___ Partnership ___ LP ___ Other ___

What is your Tax Identification Number: _____

Are you the original owner of this business: Yes ___ No ___ If purchased, for what price: _____

Do you have business partners: Yes ___ No ___ Are they family members: Yes ___ No ___

Do you have a partnership agreement among the partners: Yes _____ No _____

What % does each partner own? _____

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

E. Operations

What is your role in the business?

What hours and days will the business be open?

Do you have a lease: Yes ___ No ___ If yes, are you the primary lessee or are you sub-leasing: ___
What is the term of your lease and what is the size of your location in square feet:

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

Do you have paid employees or independent contractors: Yes _____ No _____ Both _____

If yes, total number of paid employees in last 12 months: (FT>35 hours/week):

Full-Time: _____ Part-Time: _____ Seasonal/Temporary: _____

Do your family members work in the business: Yes _____ No _____

Do you have an accountant for your business: Yes _____ No _____

Name of Accountant: _____

What Federal/State/City licenses and permits do you need to operate your business?

Do you have these permits or licenses?

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

F. Financial Information

How much in total capital was invested to start this business: _____

What are the average yearly or monthly gross sales of the business?

What is the yearly or monthly net profit of the business? **If a startup, please list planned numbers:**

In the last year, did you take money out of your business for personal expenses? How much was taken out:

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

What do you need the loan for?

Please list all the uses of this loan. Is this the total amount of capital you need to meet your business needs? If not, how much more do you need:

Have you tried obtaining a business or a personal loan from a bank for your business needs? If you were declined, please provide the reasons below. If you were offered a loan what are the terms:

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

G. Business Risks

All businesses face risks. Please list specific risks your business faces (e.g., competition, supplier, government regulations, etc.):

H. Business Services

Do you have a formal business plan: Yes _____ No _____ If yes, please attach to this application.

Print Name: _____

Signature: _____ **Date:** ____ / ____ / ____

CO-MAKER LOAN APPLICATION

(Please type or print legibly)

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

Borrower's Name: _____

Co-Maker's Name: _____ Social Security # _____

Home Address: _____

Own: _____ Rent: _____ How long have you resided at the above stated address: _____

Date of Birth ___/___/___ Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email Address: _____

Florida Driver's License Number: _____

Relationship to Applicant: _____

Place of Employment: _____ Position: _____

Type of Business: _____ Telephone: (____) ____ - ____

Business Address: _____

Have you or your spouse ever received or been a co-maker of a loan from the HFLA?

Yes: ___ No: ___

Bank Information

Name of Bank: _____ Location: _____

Account Number: _____

I/We have read and understand the above paragraphs and, to the best of my/our knowledge, the information I/We have provided is truthful and accurate.

Co-maker's Signature: _____

Co-maker's Name: _____ **Date:** ___ / ___ / ___

CO-MAKER LOAN APPLICATION

(Please type or print legibly)

Borrower's Name: _____

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

Co-Maker's Name: _____ Social Security # _____

Home Address: _____

Own: _____ Rent: _____ How long have you resided at the above stated address: _____

Date of Birth ___/___/___ Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email Address: _____

Florida Driver's License Number: _____

Relationship to Applicant: _____

Place of Employment: _____ Position: _____

Type of Business: _____ Telephone: (____) ____ - ____

Business Address: _____

Have you or your spouse ever received or been a co-maker of a loan from the HFLA?

Yes: ___ No: ___

Bank Information

Name of Bank: _____ Location: _____

Account Number: _____

I/We have read and understand the above paragraphs and, to the best of my/our knowledge, the information I/We have provided is truthful and accurate.

Co-maker's Signature: _____

Co-maker's Name: _____ **Date:** ___ / ___ / ___

HELP

HEBREW ENTREPRENEURIAL LOAN PROGRAM

AUTHORIZATION, CONFIDENTIALITY AND RELEASE OF LIABILITY

I, _____ (name) of _____ (address) hereby understand and fully agree that all advice, activities or affairs of the Hebrew Free Loan Association of South Florida, Inc. / or its Business Mentoring Board, (HFLA), which is composed of volunteers, to which I have become knowledgeable, aware or participate in, are considered confidential and shall not be disclosed to any third party.

Further, all data, materials, knowledge and information generated through, originating from, or having to do with the HFLA or persons associated with HFLA Mentoring Board activities, including contractors, are considered confidential. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of the HFLA and shall not be disclosed to any third party.

This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microfilm, automated and / or electronic form.

I, further, hereby RELEASE HFLA, all HFLA Board Members and the members of the HFLA Mentoring Board from ANY RESPONSIBILITY for any and all injuries or damages that I may suffer both presently and in the future as a result of any advice, decision or omission.

Any disclosure, misuse, copyrighting or transmitting of any material, data, or information, whether intentional or unintentional, will subject you to disciplinary action and / or prosecution, according to the laws of the state of Florida as well as any applicable Federal laws and jurisdiction will be held in Broward County, Florida..

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

***Microbilt Credit Report Authorization Form**

The undersigned hereby consents and authorizes the Hebrew Free Loan Association of South Florida, Inc. to contact Microbilt Corporation for a current credit report and to update this report as deemed necessary.

Name: _____

Signature: _____

Date: ____ / ____ / ____

HFLA understands that all information it requests or receives is strictly confidential