

LOAN APPLICATION

PERSONAL INFORMATION

Name (First, Middle, Last): _____
Home Address (Street, Apt No/Unit/Suite): _____

City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Driver's License/Passport/Unexpired ID - Type: _____ #: _____

BUSINESS INFORMATION

Business Name: _____
Business Address (Street, Apt No/Unit/Suite): _____

City: _____ State: _____ Zip: _____
Business Phone: _____ Cell Phone: _____
Website: _____
Social Media (Facebook/Instagram): _____
Business Email Address: _____

Location

Is your business located in Southwest Denver (80123, 80235, 80227, 80236, 80110, 80223 80219, 80210):

Yes No

Is your business located in East Colfax (80045, 80010, 80218, 80206, 80220): Yes No

Is your business located in Pueblo (81001, 81002, 81003, 81004, 81005, 81006, 81007, 81008, 81009, 81010, 81011, 81012): Yes No

Is your business in the child care industry in the state of Colorado? Yes No

Is this business greater than 50% minority-owned? Yes No

Is this business greater than 50% woman-owned? Yes No

Is this business greater than 50% veteran-owned? Yes No

Does the small business have 25 or fewer employees? Yes No

Is the small business in the cannabis industry? Yes No

Is the small business associated with gambling?

Yes No

Has the business been in operation for at least two years?

Yes No

Ownership

Owner:	% of Ownership:
Owner:	% of Ownership:
Owner:	% of Ownership:
Owner:	% of Ownership:

Business Structure

- Sole Proprietorship
- Corporation S
- Corporation C
- LLC
- LP
- LPA
- Nonprofit
- Other

Registered with the Colorado Secretary of State: Yes No

Federal Employer's Identification Number (EIN): _____

Nonprofit's IRS classification code (if applicable): _____

How many years/months has the business been operating? _____

Describe the importance of the applicant's small business to the local economy and community:

Employees

Current number of Full-Time Employees (including yourself): _____

Current number of Part-Time Employees (including yourself): _____

Current number of Contractors: _____



LOAN REQUEST

Requested Loan Amount: _____

Islamic Compliant (Fee-based):

Please describe how this loan will assist the business:

Loan Use

Item or Service to be Purchased	Amount

Loan Assurances/Collateral

Assets pledged as collateral (Business or Personal) <i>*must be at least 50% of your requested loan amount</i>	Value

Collateral is defined as the total amount of assets owned clear and free and can including what will be used for the loan purpose if purchasing equipment, vehicles, long-term assets. Some types of collateral may include:

- Equipment
- Inventory
- Jewelry (with recent appraisal at liquidation value)
- Autos owned free and clear
- Commercial Vehicles (including tractors, utility tractors and food concession trailers)
- Real Estate
- Assignments of Contracts
- Stocks & Bonds
- Whole Life Insurance Policy with cash value
- 3rd party collateral is an option

CHARACTER INFORMATION

Work Experience:

Business Name (Current Employer): _____

Job Title: _____

Dates Worked (start-end): _____

Description of Job: _____

Salary (per year): _____

(We will not reach out to your current employer.)

Personal/Professional References

Name: _____

Relationship: _____

Business: _____

Phone Number: _____

Name: _____

Relationship: _____

Business: _____

Phone Number: _____

Name: _____

Relationship: _____

Business: _____

Phone Number: _____



PERSONAL FINANCIAL STATEMENT

Home Expenses

Mortgage or Rent Payments _____
Home Maintenance / Repair _____
Homeowners or Rental Insurance _____
Utilities: Water / Sewer _____
Telephone (landline and/or cell phone) _____
Cable TV / Internet _____
Food _____
Clothing _____
Transportation Expenses _____
Personal Auto Loan Payment(s) _____
Personal Auto Insurance(s) _____
Gas _____
Maintenance/Repair/Oil Change _____
Public Transportation (Bus / Light Rail) _____
Debt Expenses _____
Credit Card Payment 1 _____
Credit Card Payment 2 _____
Credit Card Payment 3 _____
Student Loan Payment _____
Other: _____

ASSETS

Checking Account Balance _____
Savings Account Balance _____
Cash on Hand _____
Vehicle(s) Value _____
Real Estate Value _____
Personal Property Value _____
Other: _____
Other: _____

Other Expenses

Daycare _____
Child Support _____
Restaurants/Bars _____
Travel _____
Donations _____
Other: _____
Other: _____
Other: _____
Other: _____

INCOME

Income from Job Outside of Business _____
Spouse / Partner Income _____
Other: _____
Other: _____
Expected Business Draw _____

LIABILITIES

Credit Card 1 Balance _____
Credit Card 2 Balance _____
Credit Card 3 Balance _____
Vehicle Loan(s) Balance _____
Mortgage Balance _____
Student Loan(s) Balance _____
Tax Liability _____
Other: _____

Permission to Obtain Consumer Credit Report

I hereby give Energize Colorado Gap Fund LLC the right to obtain a consumer credit report regarding me for this application and for the duration of loan term should my application be approved. I also release from all liability all persons, companies, and corporations supplying such information. I indemnify Energize Colorado Gap Fund LLC Finance against any liability, which might result from making such an investigation.

Name (First, Middle, Last): _____

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

Signature: _____

Today's Date: _____

FEE AND LENDING RESTRICTIONS DISCLOSURES

Closing Fee: _____

Application Fee: _____

Certification Statement

I certify that the information above is correct to the best of my knowledge. I authorize Energize Colorado to make inquiries, as necessary, to verify the accuracy of the presented information, submitted documentation, and statements made by me, my associates, and other sources regarding the entity(-ies) in need of funding. I have read the Fee Notification and understand the potential fees I may incur, if my application is approved and I assume an Energize Colorado loan.

I certify the business is in good standing with all local, state, and federal licensing and taxation authorities and does not have any outstanding tax or licensing matters at the time of this application.

Name (First, Middle, Last): _____

Signature: _____

Today's Date: _____

REPORTING INFORMATION

We are requesting the information below to monitor compliance.

What is your age? _____

What is the highest degree or level of school you have completed?

- No high school diploma
- High school graduate/GED
- Some years of college or technical training
- Associate degree
- Bachelor's degree
- Some graduate coursework
- Master's degree
- Doctoral degree
- Other (Fill in the blank) _____

MARITAL STATUS

- Married Separated Unmarried (including single, divorced, and widowed)

How do you describe your disability/ability status?

- I do not identify with a disability or impairment
- Blind or Visually Impaired
- Deaf or Hard of Hearing
- Neurodiverse (Autism Spectrum Disorder, Dyslexia, ADHD, etc.)
- Long-term Medical (e.g., epilepsy, asthma, heart disease, diabetes)
- Mobility Impairment
- Psychological
- Temporary Impairment due to illness or injury (e.g., broken ankle, surgery)
- Disability impairment not listed (please specify)
- Prefer not to answer

Have you ever served on active duty in the U.S. Armed Forces (includes activation from the Reserves or National Guard)?

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past, but not now
- Prefer not to answer

Which race/ethnicity categories describe you? Select all that apply to you:

- Native American, Indigenous or Alaskan Native
- Asian
- Black or African American
- Hispanic, Latinx or Spanish Origin Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- Another race or ethnicity not listed

What sex were you assigned at birth? (For example, on your birth certificate)

- Male
- Female
- Intersex
- Prefer not to answer

Currently, how do you identify? (Mark all that apply)

- Woman
- Man
- Transgender
- Non-binary / Non-conforming
- Prefer not to answer
- A response not listed here (Fill in the blank) _____

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQ) community?

- Yes
- No
- No, but I identify as an ally
- Prefer not to say