



**Latino Chamber of Commerce
of
Southeastern Wisconsin Inc.**

Business Assessment Checklist

Name: _____ Date: _____

1. ____ Latino Chamber Universal loan application
2. ____ Business information form and Business plan, if any alternative documents may be needed if a business plan is not provided
3. ____ Two years of taxes for the business and personal
____ Business ____ Personal
4. ____ Two years of Profit and Loss and Balance Sheet Statements and current year YTD financials. For a business with less than two years of history, financial projections will be required
5. ____ Resume/background of owners
6. ____ Articles of Organization and Copy of the Employer Identification Number
7. ____ Evidence that your business is operating, such as current business license, LLC, or Corporation Annual Report.
8. ____ Agreement to receive technical assistance for one year.
9. ____ Copy of the loan agreement or credit line agreement that you intend to refinance
10. ____ Statement of acceptance that the loan or credit facility holding the high-interest loan will be closed.

The Latino Chamber of Commerce of Southeastern Wisconsin reserves the right to request additional documentation on a case-by-case basis. LLCSEW is an equal opportunity lender and will review all applicants' credit histories to evaluate their character.

ADDITIONAL INFORMATION FOR THOSE SEEKING REFINICING

1. Is your debt in collection? ☐ Yes ☐ No
2. Have you ever declared bankruptcy? ☐ Yes ☐ No
 - a. Date _____
 - b. Briefly explain why you declared bankruptcy

3. Please fill out the information below for each loan or line you are intending refinance

Name of the Lender	Address of the Lender	Amount Owed	Interest	Payments Left	Monthly Payment

Please include a copy of the note or contract for each item you wish to refinance

Amount you wish to refinance: _____

I understand that if I am successful in securing refinancing the above accounts will need to be closed and remain closed during the duration of the loan.

Print Name _____

Signature _____

Date _____



**Latino Chamber of Commerce
of
Southeastern Wisconsin Inc.**

Loan Program Preliminary Application

Total Project Cost \$	Purpose: <input type="checkbox"/> Equipment <input type="checkbox"/> Startup <input type="checkbox"/> Real Estate Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Acquisition <input type="checkbox"/> Working Capital <input type="checkbox"/> R&D <input type="checkbox"/> Inventory <input type="checkbox"/> Other _____
Amount Request	Check all that apply
Other Sources of Funding	Describe Use(s): _____ _____ _____

ABOUT YOUR BUSINESS

Business Contact Person (for questions related to application or communications)		Phone: _____	
		Email: _____	
Business Legal Name	DBA (if applicable)	Business EIN	
Business Street Address (Cannot be a PO Box)	City	County	State Zip Code
Mailing Address (if different than above)	City	County	State Zip Code
Business Website	State of Registration	HISTORICAL & PROJECTED SALES	OWNERSHIP & EMPLOYMENT
Type of Organization <input type="checkbox"/> Limited Liability Co <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Not for Profit <input type="checkbox"/> Trust <input type="checkbox"/> Partnership	Gross Annual Sales/Last Tax Return	% Minority Owned	
Date Current Ownership Began (MM/YYYY)	Description of Business/Services	Net Income/Last Tax Return	# Current Employees
		Projected Sales/Next 12 Months	# Employees Expected/2 years

OWNER(S) / GUARANTOR(S) INFORMATION

List all Owner(s) and Guarantor(s) with at least 20% ownership interest in the company. If there are more than four Owners, complete an additional application.

Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email
Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email
Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email
Authorized Owner (First, MI, Last)	Social Security Number	Date of Birth	% Ownership	Business Phone
Residential Address	City	State	Zip Code	Business Email

AGREEMENT AND PERSONAL GUARANTEE

By signing this application, each of the undersigned business owner(s), individually and on behalf of the Business ("Signer"), request a loan from Latino Chamber of Commerce of Southeastern Wisconsin Revolving Loan Fund (LCSEW – RLF). Each Signer is authorized to sign on behalf of the Business and will provide business resolutions to LCSEW upon request. By signing below, each Signer authorizes LCSEW, now and in the future, to (1) obtain credit records and other credit information about the Signers personally and the Business, including information from state and federal tax authorities, for the purpose of making a credit decision as it pertains to this application and for future periodic account review and collection purposes, and (2) furnish information about the business and the guarantor(s) to credit bureau reporting agencies. Together, the business and each signer guaranty all information above is correct and agree to notify LCSEW if any information changes. Furthermore, all signers certify all loans proceeds will be used for business purposes only.

By signing below, each Signer agrees to be personally responsible for any credit granted pursuant to this Application.

Signature of Business Owner/Guarantor	Printed Name	Title	Date
Signature of Business Owner/Guarantor	Printed Name	Title	Date
Signature of Business Owner/Guarantor	Printed Name	Title	Date
Signature of Business Owner/Guarantor	Printed Name	Title	Date
Signature of Business Owner/Guarantor	Printed Name	Title	Date

I acknowledge being informed will disclose the names of firms receiving LCSEW loans, the amount of loans, government programs used, if any, and the development impact of loans (jobs created, tax base impact, and total project investment). I have been assured by LCSEW, and I understand, other financial information provided in connection with this application or with a loan from LCSEW, if one is made (including, but not limited to, business and personal financial statements, business operating statements, data on historical and projected future sales or other aspects of business performance, and business plans), will, to the extent permissible by law, be treated as confidential. This will confirm I have relied upon such assurance by providing financial information to LCSEW, and that, but for such assurances, such information would not be provided.

I certify the information contained in this application is, to the best of my knowledge, true, complete, and correct.

Signature _____ Date _____

Name (printed) _____ Title _____

INTERNAL USE

Date Received	Census Tract	Other Funding Requests	SBA Credit Score	Received by



**Latino Chamber of Commerce
of
Southeastern Wisconsin Inc.**

BUSINESS INFORMATION

In order to best represent your business in the application process, please provide the following information. If you already have a business plan, it can be substituted for this form. Be sure that the business plan addresses all the areas requested on this form. If not, use this form to address those specific items. Feel free to provide any additional information, which you feel is important in describing and explaining your business.

BUSINESS NAME: _____

THE DESCRIPTION AND HISTORY OF BUSINESS

A. What is the "essence" of the business and what makes it unique?

B. When and why did it start?

C. What have been its stages of growth?

D. What are the company's strengths and weaknesses?

E. What business moves are important this year and future years? (Provide timetable)

THE PROJECT

A. Describe the proposed project, what will be purchased and need for financing.

B. Project timetable.

C. How will project help achieve the company's goals?

THE PRODUCTS AND/OR SERVICES OF THE BUSINESS

A. Describe current product lines and/or services.

B. Are you planning any new product and/or service offerings? If yes, describe.

THE MARKET

A. Describe your company's market area.

B. Is the market growing? Shrinking? Changing in emphasis? (include statistical and trade information supporting trends)

C. Are your company's sales cyclical? Yes_____ No_____ If yes, describe the cycle.

D. Describe who your company's customers are. (age, demographics, income, etc.)

E. Identify specific competitors (direct and indirect) and their strengths and weaknesses.

F. How have you addressed competition?

THE MARKET STRATEGY

A. What is your company's niche in the market? How will you set yourself apart?

B. Explain your company's pricing system.

C. What sales methods are used and how do they help you to achieve your goals?

D. What methods of advertising and promotion will be used and why will they work?

THE OPERATION

A. Describe the current facility and any proposed changes.

B. Describe current staffing pattern and anticipated changes.



**Latino Chamber of Commerce
of
Southeastern Wisconsin Inc.**

OWNERS AND KEY MANAGEMENT INFORMATION

This following information is needed for each stockholder owning 20% or more as well as all officers, even if they are not owners.

Legal Name: _____
First Middle (Maiden) Last Social Security #

OWNERSHIP PERCENTAGE: _____ CORPORATE TITLE: _____

Date of Birth City and State of Birth Alien # if not US Citizen Race

Marital Status Spouse's Full Legal Name Social Security # Race

Current Home Address City State Zip

From: (mo/yr) _____ to Present Home Phone: _____

Immediate Past Address City State Zip

From: (mo/yr) _____ to _____

- 1) Are you presently under indictment, parole or probation? NO ☐ YES ☐
- 2) Have you ever been charged with or arrested for or convicted of any criminal offense other than a minor vehicle violation? (Include offenses which have been dismissed and discharged). NO ☐ YES ☐
- 3) Are you, any of your children, your parents or your spouse employed by, directors of, officers of or stockholders of the participating bank or the SBA or SCORE or any Federal Agency? NO ☐ YES ☐
- 4) Have you ever filed for corporate or personal bankruptcy or been involved in insolvency proceedings? NO ☐ YES ☐
- 5) Are you or your business involved in any pending lawsuits? NO ☐ YES ☐
- 6) Do you have ownership in any other businesses?
Provide Name of business, % of ownership & copy of most recent financial statement. NO ☐ YES ☐
- 7) Do you or any of your affiliated businesses have any existing debt with SBA guarantees? NO ☐ YES ☐
- 8) Have you or any of your affiliate businesses ever caused a loss to the Government from prior federal assistance? NO ☐ YES ☐

If you answered yes to any of these above questions, please supply details on separate sheet.

OWNERS ONLY: Please check all that apply. (NOTE: This information is optional. It is requested to determine eligibility for special loan and technical assistance programs.)

Female ☐ Minority ☐ Veteran ☐ Handicapped ☐ Disadvantaged ☐

Signature _____

Date _____

10/18/2019



**Latino Chamber of Commerce
of
Southeastern Wisconsin Inc.**

PERSONAL RESUME

Name: _____

Title: _____

EDUCATION

<u>Institution or Training</u>	<u>Dates Attended From - To</u>	<u>Major</u>	<u>Degree or Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

<u>Company</u>	<u>Title</u>	<u>Dates Attended From - To</u>	<u>Duties & Accomplishments</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Business-Related Interest or Activities:



PERSONAL FINANCIAL STATEMENT
7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS ADMINISTRATION

As of _____

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

For 7(a) loans: the Lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty

For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee

Name		Business Phone	
Home Address		Home Phone	
City, State, & Zip Code			
Business Name of Applicant			
ASSETS		LIABILITIES	
(Omit Cents)		(Omit Cents)	
Cash on Hand & in banks.....\$	_____	Accounts Payable.....\$	_____
Savings Accounts.....\$	_____	Notes Payable to Banks and Others.....\$	_____
IRA or Other Retirement Account.....\$	_____	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto).....\$	_____
Accounts & Notes Receivable.....\$	_____	Mo. Payments \$	_____
(Describe in Section 5)		Installment Account (Other).....\$	_____
Life Insurance - Cash Surrender Value Only.....\$	_____	Mo. Payments \$	_____
(Describe in Section 8)		Loan(s) Against Life Insurance.....\$	_____
Stocks and Bonds.....\$	_____	Mortgages on Real Estate.....\$	_____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....\$	_____	Unpaid Taxes.....\$	_____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....\$	_____	Other Liabilities.....\$	_____
(Describe in Section 5, and include		(Describe in Section 7)	
Year/Make/Model)		Total Liabilities.....\$	_____
Other Personal Property.....\$	_____	Net Worth.....\$	_____
(Describe in Section 5)			
Other Assets.....\$	_____		
(Describe in Section 5)			
Total	\$	Total	\$
		*Must equal total in assets column.	
Section 1. Source of Income.		Contingent Liabilities	
Salary.....\$	_____	As Endorser or Co-Maker.....\$	_____
Net Investment Income.....\$	_____	Legal Claims & Judgments.....\$	_____
Real Estate Income.....\$	_____	Provision for Federal Income Tax.....\$	_____
Other Income (Describe below)*.....\$	_____	Other Special Debt.....\$	_____
Description of Other Income in Section 1.			

*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)**Section 6. Unpaid Taxes.** (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (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 the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.



**Latino Chamber of Commerce
of
Southeastern Wisconsin Inc.**

INCOME STATEMENT PROJECTIONS

Estimated Projection and Forecast of Three Years' Earnings
(Attach Assumptions Providing Explanation for Figures)

	Year 1	Year 2	Year 3
Gross Receipts	\$	\$	\$
Merchandise Cost	\$	\$	\$
Gross Profit	\$	\$	\$
Expenses			
Officer(s) Salaries (if any)	\$	\$	\$
Employee(s) Wages	\$	\$	\$
Advertising	\$	\$	\$
Rent	\$	\$	\$
Depreciation	\$	\$	\$
Supplies	\$	\$	\$
Electricity	\$	\$	\$
Telephone	\$	\$	\$
Interest	\$	\$	\$
Repairs	\$	\$	\$
Taxes	\$	\$	\$
Insurance	\$	\$	\$
Bad Debts	\$	\$	\$
Misc. *(postage, etc.)	\$	\$	\$
Total Expenses	\$	\$	\$
Net Profit Before Income Taxes	\$	\$	\$
Less Income Taxes	\$	\$	\$
Net Profit After Taxes	\$	\$	\$
Less Withdrawals	\$	\$	\$
(Proprietorship/Partnership)	\$	\$	\$
Net Profit	\$	\$	\$

*If sum is large please itemize.

I certify the forgoing data fairly represents the projected financial outlook to the best of my knowledge.

Signature

Title

Date



BALANCE SHEET PROJECTIONS

	Prior Year	Projected as of mm/dd/yyyy	Projected as of mm/dd/yyyy
ASSETS			
<u>Current Assets</u>			
Cash In Bank	\$ _____	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____	\$ _____
Inventory	\$ _____	\$ _____	\$ _____
Prepaid Expenses	\$ _____	\$ _____	\$ _____
Other Current Assets	\$ _____	\$ _____	\$ _____
Total Current Assets	\$ _____	\$ _____	\$ _____
<u>Fixed Assets</u>			
Machinery & Equipment	\$ _____	\$ _____	\$ _____
Furniture & Fixtures	\$ _____	\$ _____	\$ _____
Leasehold Improvements	\$ _____	\$ _____	\$ _____
Land & Buildings	\$ _____	\$ _____	\$ _____
Other Fixed Assets	\$ _____	\$ _____	\$ _____
Less: Accumulated Depreciation	\$ _____	\$ _____	\$ _____
Total Fixed Assets	\$ _____	\$ _____	\$ _____
<u>Other Assets</u>			
Intangibles	\$ _____	\$ _____	\$ _____
Deposits	\$ _____	\$ _____	\$ _____
Goodwill	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total Other Assets	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
<u>Current Liabilities</u>			
Accounts Payable	\$ _____	\$ _____	\$ _____
Interest Payable	\$ _____	\$ _____	\$ _____
Taxes Payable	\$ _____	\$ _____	\$ _____
Notes, short-term (due within 12 months)	\$ _____	\$ _____	\$ _____
Current part, long-term debt	\$ _____	\$ _____	\$ _____
Other current liabilities	\$ _____	\$ _____	\$ _____
Total Current Liabilities	\$ _____	\$ _____	\$ _____
<u>Long-Term Debt</u>			
Bank loans payable	\$ _____	\$ _____	\$ _____
Notes payable to stockholders	\$ _____	\$ _____	\$ _____
Less: Short-term portion	\$ _____	\$ _____	\$ _____
Other long-term debt	\$ _____	\$ _____	\$ _____
Total long-term Debt	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
<u>Owner's Equity</u>			
Invested Capital	\$ _____	\$ _____	\$ _____
Retained Earnings- beginning	\$ _____	\$ _____	\$ _____
Retained Earnings- current	\$ _____	\$ _____	\$ _____
Total Owners' Equity	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES & EQUITY	\$ _____	\$ _____	\$ _____

MONTHLY CASHFLOW PROJECTION

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	Totals
A) CASH ON HAND	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
CASH RECEIPTS													
Cash Sales													\$
Cash Receipts													\$
Loans													\$
B) TOTAL CASH RECEIPTS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
C) TOTAL CASH AVAILABLE (A+B)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

CASH PAID OUT													
Purchases- Materials													\$
Supplies													\$
Owners Wages													\$
Employees Wages													\$
Payroll Expenses (Taxes)													\$
Employee Benefits													\$
Telephone													\$
Rent													\$
Utilities													\$
Insurance													\$
Accounting/Legal Fees													\$
Travel/Entertainment													\$
Real Estate Taxes													\$
Repair/Maintenance													\$
Postage													\$
Outside Labor													\$
Shipping Fees													\$
Office Supplies													\$
Advertising													\$
Interest													\$
Miscellaneous													\$
SUBTOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

D) TOTAL CASH PAID OUT	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
ENDING CASH POSITION (C-D)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$



Name of Business: _____

Date: _____
(Should be same date as latest financial statement or tax return)

Include all debts except accounts payable and accrued expenses. *The current balance and total must agree with the balance sheet submitted.

[illegible]

Total: _____

Please indicate if the loan is current, delinquent, or paid-in-full. Also list on this schedule, any debt incurred after the date referenced above.

Signature of Authorized Representative: _____

Date: _____

Name & title of Authorized Representative: _____