EDFC Pre-Application Form for Start-Up Business

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

Loan Request Amount: _____

Type of Business: _____

Do you have collateral? ☐ No   ☐ Yes, estimated value: $_____

Number of people in your household: _____

# of Adults: _____   # of Children: _____

Please list all sources and amounts of household income:

Name of Household Member	Source (wages, SSI, dividends, other)	Monthly Income
	TOTAL MONTHLY INCOME:	

Household Budget

Type of Expense	Monthly Expense/Payment Amount
Rent or Mortgage	
Health Insurance	
Food and Groceries	
Medical Expenses	
Gas, Car Insurance and vehicle maintenance	
Child Care Expenses	
Other:	
Other:	
Total Estimated Monthly Expenses	

Total Household Income	
Total Household Expenses	
Net Household Income	

Existing Household Debts and Obligations

Type of Debt	Total Remaining Balance	Monthly Payment

In order to complete the EDFC Pre-Application, please fill out and sign a credit authorization for each potential borrower and include a check for $50 payable to EDFC. The pre-application fee is non-refundable.

For EDFC Staff Use:

Current Total Debt Ratio (monthly debt payment/monthly income): _____

Estimated TDR after EDFC loan: _____

AUTHORIZATION AND RELEASE FOR CREDIT REPORT AND BACK-GROUND CHECK

Dear Requestor:

Prior to a credit report request, you must understand the following:

1) Access to your credit & background file is limited to yourself and your agents acting on your behalf.

2) Your consent in writing is required before a report may be provided.

3) You are entitled to a copy of the credit/background report and a copy of the FTC's "Consumer Rights Notice".

Based on the above information, I hereby authorize **Economic Development and Financing Corporation (EDFC)** to obtain my credit report and background check for the purposes of **applying for a business loan.**

PLEASE PRINT THE BELOW INFORMATION NEATLY

<u>Applicant</u>	<u>Spouse/Partner</u>
Name: _____ (Full name including Jr., Sr., etc.)	Name: _____ (Full name including Jr., Sr., etc.)
SSN#: _____	SSN#: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Previous Address: _____	Previous Address: _____
City, State, Zip: _____	City, State, Zip: _____

_____
Signature

_____
Signature