



Business Express Loan Application

Community Concepts Finance Corporation
 17 Market Square South Paris, ME 04281
 Phone (207)-333-6410 Fax (207) 333-6594
www.CCFCMaine.org

For Loans not to Exceed \$10,000

This Application is for a Business **LOAN** not a grant, repayment is not only expected but legally required.

Business Information

Name of Business: _____ Tax ID # _____
 Business Address: _____ Phone# _____
 City: _____ State _____ Zip: _____ County: _____
 Legal Entity: Sole Proprietor Partnership LLC Corporation Other
 Length of Business Ownership: _____ Yrs _____ Mos **OR** Startup Percent of Ownership* _____
***Each individual owning 20% or more of the business must complete a separate form.**

Personal Information

Applicant Name: _____ Soc Sec #: _____
 Home Address: _____ Phone #: _____
 City: _____ State _____ Zip: _____ Household Income: _____
 Email Address: _____ Drivers License # _____ State _____
 Marital Status: Married Unmarried (single/divorced/widowed) Date of Birth: _____

Personal & Legal History:

Have you ever had an asset repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you have answered YES to any of the personal or legal questions to the left, please provide details to each YES : _____ _____ _____ _____ _____ _____ _____ _____
Have you ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you, or are you currently, party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you owe any municipal taxes prior to the current year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any collection items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you owe any back child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have unpaid State, Sales or Federal Taxes (Personal or Business)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have deferred or unpaid student loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a partner, officer or owner in any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Notes from applicant:

The business currently has _____ full-time employees (Working an average over 32 hours per week).
 The business currently has _____ part-time employees (Working under an average of 32 hours per week).
 Will requested funding create any new positions? If so, how many? _____ full-time _____ part time

What year did the business last file tax returns? _____ Do you have business Insurance? _____

Are there any account receivables currently over 90 days past due? Yes No \$ _____

Are there any past due amounts to Vendors, Utilities, Insurances? Yes No \$ _____

Did your business receive PPP (Paycheck Protection Program) Funding? Yes No \$ _____

Did your business receive EIDL (Economic Injury Disaster Loan) Funding? Yes No \$ _____

If Yes, What is the amount of your monthly EIDL Payment? _____

CCFC acknowledges the COVID-19 Pandemic, beginning in early 2020, may impact 2020-2023 Business Financials. Please utilize the below space (or supply supplemental supporting documents) outlining the impact COVID-19 had on your businesses financial history. This information will be helpful to our underwriting team to determine if your revenues or expenses were higher or lower as an isolated occurrence only (due to the pandemic), or if otherwise your financials trend from year to year for other reasons.

Application Checklist

All Items Are Required to Complete Application

Use of Funds:

- Signed Application (App fee waived for June 2024)
- Copy of one legal form of Identification
- 2022 & 2023 Business tax returns
- 2022 & 2023 Personal Tax Return
- Last 3 months of business bank statements
- Last 3 months of personal bank statements

Working Capital: \$ _____
Inventory/Equipment: \$ _____
Total Request: \$ _____

Collateral Offered: _____
Collateral Value: \$ _____

Narrative Outlining a business summary, including history, management and experience:

Authorization & Certification

I/We authorize Community Concepts Finance Corporation (CCFC) and/or its agents to make any investigations of credit either directly or through any agency which has credit information. I/We agree that this application and any attachments shall remain CCFC's property whether or not the loan is granted. I/We hereby certify that all information contained in this document and any attachments is true and correct to the best of my/our knowledge. In addition, it is understood that neither CCFC nor its agents will directly benefit from this relationship. CCFC does not warrant or guarantee in any manner that its assistance will result in business success. I/We specifically waive and release any claims now or in the future regarding the assistance provided by CCFC and / or its agents.

Applicant Signature

Title

Date

For Office Use Only:

<input type="checkbox"/> Application Complete	Date Received: _____	Underwritten By: _____
Credit Score (600+): _____	Monthly Payment: _____	Available Debt Service: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date : _____
Community Concepts Finance Corp		