

WEST HARLEM GROUP ASSISTANCE, INC. – COMMERCIAL APPLICATION

SECTION I: APPLICATION INFORMATION

Legal Business Name: _____

d/b/a Name: _____

Business Owner/Executive Director: _____

Commercial space you are applying for: _____

Current Business (If applicable)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone: (_____) _____ - _____ **Business Tax ID (EIN)* #:** _____

Business Website: www. _____

*The Federal Employer Identification Number is found on the Federal Income Tax tiling, or Partnership Identification Number, or is your Social Security Number if you file a form 1040-C.

Primary Business Owner's Home Contact Information (For-Profit Entities Only):

Full Name: _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (_____) _____ - _____ **Home Fax:** (_____) _____ - _____

Cell Phone: (_____) _____ - _____ **Email:** _____

Social Security #: _____

Which address do you prefer as your mailing address? (Circle One) Business or Residential

Please attach the following:

- Business Plan (including vision statement, mission statement, opening and closing times)
- Balance Sheet (for the last two calendar years)
- Bank Statements (for the last full calendar year)
- Income and Expense Projections for the first five years of operation

For Internal Use Only – To be filled out by Financial Analyst

Referral Source: _____ **Appointment Date and Time:** _____

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SECTION II: BUSINESS INFORMATION

Please provide a brief description of your line of business (i.e. computer consulting, medical services, architect, etc.):

Is this business a new business or an expansion of an existing business? If it is an expansion of an existing business, please list the other locations: _____

Year founded: _____	# of Years at Current Location: _____
Hours of Operation: _____	# of Employees: _____

Form of Entity (Check one):

- C Corporation S Corporation LLC Partnership
 Sole Proprietorship Non-Profit Other (specify): _____

Owner Structure (*For-Profit Entities Only*):

Please list all Stockholders with a 20% ownership or greater:

Name: _____ % of Ownership: _____
Name: _____ % of Ownership: _____
Name: _____ % of Ownership: _____
Name: _____ % of Ownership: _____
Name: _____ % of Ownership: _____

Is the organization or any of the Principals/Directors involved in any Material Litigation (Circle one)? Yes or No
If yes, please provide detailed information on an attached sheet.

Has (or is) your organization or any of the Principals/Directors ever been a party in a lawsuit involving the New York City Housing Authority and/or the City of New York (Circle one)? Yes or No
If yes, please provide detailed information on an attached sheet.

Has your organization or any of the Principals/Directors ever been evicted from a business location or been subjected to eviction proceedings in court? Yes or No
If yes, please provide detailed information on an attached sheet.

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Does the organization any of the Principals/Directors hold an equity stake in another business entity? Yes or No
 If yes, please provide detailed information on an attached sheet.

Does the organization undertake transactions of any nature with any related party (i.e. any person or entity bearing a relationship to the company such as family members; other companies with similar or same owners, etc.)? Yes or No
 If yes, please provide detailed information on an attached sheet.

Do you rent or own your space (Check one)?

Own (if own, please answer the following)

What is your monthly mortgage? \$ _____

Do you have (sub) tenants? Yes or No

Rent (if rent, please answer the following)

What is your monthly rent? \$ _____

Lease Expiration Date: _____

Approximate Square Footage: _____

How long have you been in this location? _____

Are utilities included in rent? _____

Do any of the owners of their family members have an ownership interest in the property? Yes or No

SECTION III: SOURCES OF FINANCIAL ASSISTANCE

Business Loans

Please list all of the business loans you currently have:

Lender	Requested	Approved	Term	Interest Rate	Application Loan ID #	Date Received	Outstanding Balance	Monthly Payment
	\$	\$		%			\$	\$
	\$	\$		%			\$	\$
	\$	\$		%			\$	\$
	\$	\$		%			\$	\$
	\$	\$		%			\$	\$

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SECTION IV: CERTIFICATION

I, _____ certify that all information in this application, including but not limited to financial information is true and complete to the best of my knowledge and is submitted so that the Seedco can decide whether to provide my company with a loan. Should it come to my attention that any of this information is inaccurate, I will immediately notify you and provide the correct information.

Company Name: _____

Signed By: _____

Title: _____

SECTION V: CONFIDENTIALITY STATEMENT

The information that you supply to us in this application and that you may supply to us at a later date will be held confidential and will not be sold to other organizations. It will not be disclosed to others except to our funders, if required by our funding agreement, as may be required by law or court or legal process, or to other third parties authorized by you. Funder may include government agencies.

Should we determine that your application contains materially incorrect information, we may disclose the information in civil or criminal proceedings.

If you agree to the terms of this confidentiality statement, please sign and date below.

Print Name: _____

Title: _____

Signature: _____

Date: _____

COMPLETED APPLICATIONS MUST BE RETURNED TO:

West Harlem Group Assistance, In.

1652 Amsterdam Avenue

New York, NY 10031

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SECTION VI: CREDIT CHECK AUTHORIZATION (NOT PART OF FORMAL APPLICATION BUT AN ADDENDUM)

***For-Profit Entities Only**

Hereby authorize Seedco Financial Services, Inc. (and its representatives) to initiate its background clearance procedure with respect to myself and all other principals of my company; give Seedco Financial Services, Inc. (and its representatives) my permission to research my company's history, make credit checks on the business as well as on each of its principals, contact my company's financial institution(s) and perform other related activities for the thorough evaluation of this loan application.

The undersigned affirm that this application and any supporting documents are accurate and complete, and authorize Seedco Financial Services, Inc. (and its representatives) to exchange information with others about the applicant and the undersigned in conjunction with this loan application. Each of the undersigned consents to disclosure to the other undersigned of information about themselves used in connection with this application and any subsequent loan request.

Owner's Name: _____

Home Address: _____

City, State, Zip Code: _____

Business Name: _____

Business Tax ID #: _____

Signed by:

Signature of Owner/Guarantor

Social Security Number

Date

Additional Owner (All owners holding at least a 20% ownership interest must sign this form):

Owner's Name: _____

Home Address: _____

City, State, Zip Code: _____

Signed by:

Signature of Owner/Guarantor

Social Security Number

Date

