



HMONG WISCONSIN
CHAMBER OF COMMERCE

Application Status: _____

Date Received: _____

Business Assessment Checklist

BUSINESS NAME: _____ Date: _____

Please submit the following items. Indicate NA where not applicable to your particular business.

- ☐ 1. Preliminary Application*
- ☐ 2. Signed Disclosure Statement and Fee Agreement*
- ☐ 3. Business Survey*
- ☒ 4. Business History & Market summary (or equivalent Business Plan). *
- ☐ 5. Owner(s) and Key Management Information. * Owners of at least 20% must also include a photo copy of their driver's license (for Customer ID purposed – see disclosure notice).
- ☐ 6. Owner(s) and Key Management – Resumes*
- ☐ 7. Personal financial statements and personal tax returns for the most recent year end of all individuals with at least 20% ownership (2 years of tax returns if there is Schedule C or E income).
- ☒ 8. Financial statements (balance sheet and income statement and Federal Tax Returns for the Business, for the previous 3 years).
- ☒ 9. Current balance sheet and income statement for the business (less than 60 days old).
- ☒ 10. Aging of accounts receivable and accounts payable, including explanation of any accounts aged over 90 days. This should be consistent with the balance sheet requested in #9.
- ☒ 11. Two years of income and expense projections with detailed assumptions. * (Additionally New businesses must include a monthly cash flow projection for the first 12 months of operation.)
- ☒ 12. Schedule of Indebtedness. This should be consistent with the balance sheet requested in #9 *
- ☐ 13. Affiliates – Federal tax returns for the previous 2 years. If an applicant with at 20% ownership has at least 20% ownership in another entity, that entity is an affiliate. Include a debt schedule #12.
- ☒ 14. Detailed listing of machinery and equipment, with costs supported by vendor bids or estimates.
- ☐ 15. Franchise documents, or dealer, supply or license agreements. An **executed** copy of the entire agreement is required even if it is on the SBA franchise registry, (if applicable please call to discuss).
- ☐ 16. Life Insurance Information
- ☐ 17. Articles of Incorporation/Organization (operating and real estate entities, if applicable)
- ☐ 18. Other _____

*** Form or sample form enclosed.**



HMONG WISCONSIN
CHAMBER OF COMMERCE

Hmong Wisconsin Chamber of Commerce Emergency Loan Fund

Loan Amount Requested: \$	Purpose: <input type="checkbox"/> Emergency Loan <input type="checkbox"/> Business Loan <i>check all that apply</i>
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Describe Use(s) for the Loan Fund:

ABOUT YOUR BUSINESS

Business Contact Person (for any questions related to this application or the communications)	Phone: _____ Email: _____
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Business Exact Legal Name	DBA (If applicable)
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Business Street Address (Cannot be a PO Box)	City	County	State	ZIP Code
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Mailing Address (If different than above)	City	County	State	ZIP Code
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Business Email:	Business Phone:	Business Cell Phone (optional):	State of Registration
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Type of Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Not for Profit <input type="checkbox"/> Trust	Date Started: Years of Experience in Field/Industry:
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Gross Annual Sales as Reported on Last Tax Return \$	Net Income as Reported on Last Tax Return \$	Date current ownership began (MM/YYYY) /	Years under current ownership:
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Description of Business or Service
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Describe how COVID-19 impacted your business and your need for Loan Request

OWNER(S) INFORMATION

List all Owners/Guarantors. If there are more than five Owners, complete an additional application.

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

Signature of Owner

Date:

Signature of Owner

Date:

By Signing this Application, each of the undersigned Business Owners, individually and on behalf of the Business (“Signer”), request the indicated credit products from the Hmong Wisconsin Chamber of Commerce (HWCC). Each Signer who is authorized to sign on behalf of the Business will provide business resolutions to HWCC upon request. By signing below, each Signer authorizes HWCC to (1) obtain credit records and other credit information about the Signers personally and the Business (now and in the future), including from state and federal tax authorities, for deciding whether to approve the requested credit and for later periodic account review and collection purposes, and (2) furnish information about the Business and the Guarantors to credit bureaus. The Business and each Signer guaranty that all information above is correct to the best of their knowledge and agree to notify HWCC if any information changes. All loans shall be used for business purposes only.

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 that HWCC will disclose the names of firms receiving HWCC loans, the amount of the HWCC loans, federal programs used, if any, and the development impact of HWCC loans (jobs created, tax base impact, and total project investment). I have been assured by HWCC, and I understand, that other financial information provided in connection with this application or with a loan from HWCC, if one is made (including, but not necessarily 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 that I have relied upon such assurance by providing financial information to HWCC, and that, but for such assurances, such information would not be provided.

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

Signature _____ Date _____

Name (printed) _____ Title _____

HWCC: Internal Use Only			
Date Received	Census Track	Other Funding Requests	From



HWCC DISCLOSURE STATEMENT AND FEE AGREEMENT

This HWCC Disclosure Statement and Fee Agreement is dated as of the ____ day of _____ 20____. The undersigned borrower ("Borrower") has applied or will be applying for a loan through the Hmong Wisconsin Chamber of Commerce

By signing below, effective as of the date above, Borrower and HWCC acknowledge and agree with the following terms and conditions:

1. **Loan Amount** By delivering a fully-executed copy of this Application, Borrower is making application for a HWCC Loan in the approximate principal amount of \$_____.
2. **HWCC Processing Fee**. The HWCC loan processing fee ("HWCC Processing Fee") is \$250 to be paid at time of application.
 - a. **Receipt of Signed Application**: Upon receipt of the Application, HWCC will begin to prepare a credit analysis. Borrower agrees to promptly provide HWCC with all items necessary to complete the HWCC application package, including but not limited to financial reports and tax-related documentation, as requested by HWCC, and acknowledges that HWCC's credit review process may include personal and business, credit and tax inquiries with credit reporting organizations and the Internal Revenue Service.
 - b. **Withdrawal of Application by Borrower**. Borrower may withdraw this Application from HWCC at any time it chooses to terminate its request for the Loan. Such requests to terminate the application process must be submitted in writing to HWCC (the "Notice"). Loan application fee is non-refundable.
 - c. **HWCC Withdrawal from Loan**. HWCC retains the right to, at any time and for any reason, withdraw from processing the Loan. If the reason for HWCC's withdrawal is due to the Borrower's failure to provide full and accurate application information, or Borrower's failure to disclose a material adverse fact, then the withdrawal by HWCC shall be treated as if the Borrower has withdrawn the Loan request pursuant to Section 2.b above. Unless otherwise indicated by HWCC, the date on which HWCC sends written notice to Borrower of HWCC's intent to withdraw from processing the Loan shall serve as the Notice date for purposes of applying the procedures in Section 2.b.
3. **HWCC Legal Fees**.
 - a. **HWCC Legal Fees**. All legal fees incurred by HWCC, whether attributable to HWCC in-house or outside counsel, in regard to the Loan (the "HWCC Legal Fees") or incurred by Borrower are the responsibility of the Borrower, whether or not the Loan funds.
4. **Borrower's Representations and Consents**.
 - a. HWCC shall have a right of access to financial records held by the financial institutions that provide interim and/or permanent first mortgage financing for the project (The Project) being financed with the loan or Project assets, and such financial records will be available to HWCC without further notice or authorization. (This paragraph is intended to effect HWCC's compliance with applicable provisions of the Financial Privacy Act of 1978.) No further acknowledgement shall be required for subsequent access by HWCC or the SBA in order to obtain financial records of Borrower during the processing of this Application or during the subsequent term of SBA's guaranty of any Loan issued in connection with this Application.
 - b. HWCC may release any information obtained by HWCC to any financial institution as HWCC deems necessary for the purpose of processing or servicing the loan.

6. **Final Authority of the participating lender in the loan package.** Final authorization may be dependent on other lenders that are part of the loan package.
7. **Governing Law.** The terms of this Application shall be governed by the internal laws of the State of Wisconsin.
8. **Counterparts; Facsimile Signatures.** This Application may be executed in counterpart, with all counterparts constituting but one agreement. Signature by a party and transmission of the same by facsimile shall be binding upon the party whose signature is so transmitted.

Borrower

By: _____

Print Name: _____

Print Title: _____

Hmong Wisconsin Chamber of Commerce

By: _____

Print Name: _____

Print Title: _____



HMONG WISCONSIN
CHAMBER OF COMMERCE

BUSINESS SURVEY FORM

CONTACT INFORMATION:

Name of Borrower: _____

Name of Business (if different): _____

Address of Project: _____

Contact Person: _____ Phone #: _____ Fax #: _____

Address of Contact (if different): _____

E-mail Address of Contact: _____

PROJECT COST INFORMATION:

Purchase vacant land \$ _____

Purchase existing land & building(s) \$ _____

Construction/expansion of a building \$ _____

Acquisition of furniture, fixtures, equipment \$ _____

Soft costs, other * \$ _____

Total - Eligible 504 costs \$ _____

Less: Owners contribution ** \$ _____

Total Loan Request \$ _____

* Appraisal, architect, environmental, interim interest, const. contingency, etc.

** Please provide the specific sources and amounts: _____

Other financing needs (inventory, working capital, refinancing, etc.). Please list and quantify: _____

OWNER & OFFICER INFORMATION (include all officers, regardless of ownership):

Name *	Title	Ownership %	Projected Salary: Year 1 / Year 2	Military? Dates of Service
			/	
			/	
			/	
			/	

* Indicate if: Female (F), Minority (M), or Handicapped (H)

ADDITIONAL INFORMATION:

1. Approximate date the business originated: _____

2. # of employees currently: _____ # of jobs to be created in 2 years _____

3. If real estate is involved, will you be leasing any space to a 3rd party? _____

4. Have you, other owners, the applicant business or an affiliate business ever requested federal government financing? _____



HMONG WISCONSIN
CHAMBER OF COMMERCE

OWNERS AND KEY MANAGEMENT INFORMATION

This following information is needed for **each** stockholder owning 20% or more stock 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

From: (mo/yr) _____ to _____

- | | | | | | |
|----|---|----|--------------------------|-----|--------------------------|
| 1. | Are you presently under indictment, parole or probation? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| 4. | Have you ever filed for corporate or personal bankruptcy or been involved in insolvency proceedings? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| 5. | Are you or your business involved in any pending lawsuits? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| 6. | Do you have ownership in any other businesses?
Provide Name of business, % of ownership & copy of most recent financial statement | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| 7. | Do you or any of your affiliated businesses have any existing debt with SBA guarantees? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| 8. | Have you or any of your affiliate businesses ever caused a loss to the Government from prior federal assistance? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |

If you answered yes to any of above these 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 & technical assistance programs.)

Female ☐ Minority ☐ Veteran ☐ Handicapped ☐ Disadvantaged ☐

Signature

Date

**PERSONAL FINANCIAL STATEMENT****U.S. SMALL BUSINESS ADMINISTRATION**

As of _____, _____

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:**7(a) loans** - to the lender processing the SBA application;**504 loans** - to the Certified Development Company processing the SBA application;**ALL Disaster loans** - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and**8(a)/BD** - applicants who are individuals claiming social and economic disadvantaged status and their spouses- electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices listed below:**Mail to the following address, if your firm is located in one of the states below:**US Small Business Administration
DPCE Central Office Duty Station
Parkview Towers
1150 First Avenue
10th Floor, Suite 1001
King of Prussia, PA 19406**Mail to the following address, if your firm is located in one of the states below:**US Small Business Administration
Division of Program Certification and Eligibility
455 Market Street, 6th Floor
San Francisco, CA 94105

MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN

IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA, NE, KS, CO, WY, ND, MT, UT, SD, CA, HI, GU (GUAM), NV, AZ, WA, AK, ID, OR

Name		Business Phone	
Residence Address		Residence Phone	
City, State, & Zip Code			
Business Name of Applicant/Borrower			
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 \$	
(Complete Section 8)		Loan on 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 - Total Present Value	\$	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	\$
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 need 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 a part of this statement and signed.)

Name and Address 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 a 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 SBA/Lender 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)

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 will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN 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. 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 30 years and/or a fine of not more than \$1,000,000.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: 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, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**



CREDIT BUREAU AUTHORIZATION FORM

I hereby request and authorize Experian to furnish a copy of my credit report to the Hmong Wisconsin Chamber of Commerce, Inc. (HWCC), and to make any necessary investigation of my credit transactions in connection therewith.

I authorize any person, business or organization to give full information to the credit-reporting agencies about my credit accounts and transactions in connection with this inquiry. I understand that, as a result, an inquiry will appear on my credit report.

I further authorize HWCC, its employees, officers, directors and other designated HWCC representatives to review and utilize the information contained in my credit report in connection with the Revolving Loan Fund application. I understand HWCC will keep a copy of my credit report for their records. All information contained in my credit report will be considered confidential by HWCC. This information will only be discussed with me and the designated HWCC representative(s), who has a permissible purpose for the information under the Fair Credit Reporting Act and in accordance with this written authorization.

Client's Information (complete each item)	Spouse's Information (required for joint credit report)
Client's Name:	Spouse's Name:
Client's Current Address:	Spouse's Current Address (if different from Client's):
Client's Former Address (if less than 5 years at current address):	Spouse's Former Address (if less than 5 years at current address):
Client's Social Security #:	Spouse's Social Security #:
Client's Signature: X	Spouse's Signature: X

Date: _____ HWCC Representative: _____
www.hmongchamber.org
414-645-8828