



Microenterprise Pre-Application Form

PERSONAL INFORMATION

Applicant Name (First, Middle, Last) _____

Street Address _____

City _____ State _____ Zip _____ County _____

Social Security Number _____ Date of Birth (Month/ Day/ Year) _____

Phone _____ Secondary Phone _____

CA Drivers License # _____ Email _____

Is there a Co-Applicant? Yes No Co-Applicant Name _____

Is Co-Applicant a Household Member? Yes No **NOTE: Co-Applicants must complete and submit a separate Pre-Application form**

PERSONAL FINANCIAL INFORMATION

Please provide us here the detail about your monthly income (your income only) and your household monthly income (your income + other household earner income).

Household Size: _____ Adults _____ Children _____

Source	Applicant's Monthly Income (You)	Household Monthly Income
From Job / Employment	\$ _____	\$ _____
From Business	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

NOTE: If you are invited to complete a full application, documentation that verifies the income you state here will be required.

Have you ever filed bankruptcy or do you currently have property in foreclosure? Yes * No

Do you have any unpaid federal or state taxes, liens or judgments against you? Yes * No

Have you ever defaulted on a federal government student loan? Yes * No

*** If you have answered yes to any of the three questions above, please attach an explanation.**

The undersigned hereby authorizes the City of Arcata or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary – including business counselors, consultants, and partnering agencies – to verify the accuracy of the information provided herein and to determine creditworthiness. Further, the undersigned hereby certifies that the enclosed application information is valid, accurate and complete. A photographic or facsimile copy of this authorization may be deemed to be equivalent of the original.

Signature _____ Date _____

BUSINESS INFORMATION

Business Name _____

Business Address _____

City _____ State _____ Zip _____ County _____

Business Description _____

Total Number of Employees, Including Owner(s) _____

When did you, or when will you, start your business? _____

If you have an existing business, what were last year's gross revenues? \$ _____

PROJECT DESCRIPTION – Business Needs

Please provide us with details about your business needs below. You may request a loan up to \$50,000.

List collateral available to secure a loan (such as a vehicle, real estate, equipment):

How did you learn about this loan program? _____

Are you working with a business Counselor (SBDC, WIB, County business counselor)? Yes No

Name and contact information: _____

SUBMISSION INSTRUCTIONS

Submit by email, fax, or mail to:

David Loya at dloya@cityofarcata.org or

Fax 707-825-2029

City of Arcata

736 F Street, Arcata CA 95521

Questions? Call David Loya
707-825-2045