

How did you hear about us?: _____

Personal Information

Name: _____ Soc. Sec.# or ITIN: _____ Date of Birth: _____ Cell: _____
 Home Address: _____ City: _____ Zip: _____
 Spouse Name: _____ Soc. Sec.# or ITIN: _____ Date of Birth: _____ Cell: _____
 What is your annual household income? _____ How many people live in your home? _____

Loan Information

How much do you need to borrow? \$ _____
 Use of funds: _____

Business Information

Business Name: _____ Federal Tax ID #: _____
 Business Address: _____ City: _____ Zip: _____
 Business Phone: _____ Business Fax: _____
 Business Email: _____ Website: _____
 Date business established: _____
 Legal Structure: Soleprop LLC Partnership Corporation
 Describe products/services you provide: _____
 How many employees do you currently have (including owner)? _____ Full time: _____ Part time: _____

Personal References (Not living with you)

Reference 1 Name: _____ Relationship: _____ Phone: _____
 Reference 2 Name: _____ Relationship: _____ Phone: _____
 Reference 3 Name: _____ Relationship: _____ Phone: _____

Mobile Food Supplement - Personal History and Experience

How many years experience in the mobile food business? _____
 Please provide the following information about the commissary:
 Commissary: _____ Address: _____
 City: _____ Zip: _____
 Contact Name: _____ Contact Phone #: _____
 For purchases only: Manufacturer selling the truck: _____ Phone: _____ Contact: _____

Loan Application Certification

The signer(s) certifies that he/she is authorized to execute this Application for the named business ("Applicant"), and that all information and documents submitted, are true, correct and complete. The signer(s) certifies that he/she has secured or applied for all applicable licenses or permits needed to conduct the named business. The signer(s) authorizes Opportunity Fund to obtain consumer and/or business reports in their names as individuals at any time. The signer(s) further agrees to notify Opportunity Fund promptly of any material change in any such information. The signer(s) authorizes Opportunity Fund to contact references and request criminal record information from criminal justice agencies for the purpose of determining eligibility. The signer(s) understands and agrees that this application is subject to final credit approval.

If we take adverse action on your application for credit, you have the right to a statement of specific reasons as to why we took such adverse action within 30 days if you request the statement within 60 days of our notification. You may contact (the name, address, and telephone number of the person or office at OF) to obtain the statement of reasons. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers OF's compliance with the Equal Credit Opportunity Act.

**Optional: Please check all that apply; this is for statistical purposes and will in no way affect your eligibility for this request.*

Hispanic White **Gender** Male **Legal Status** US Citizen
 Black/African American American Indian/Alaskan Female Green Card
 Asian/Middle Eastern Other Refugee or Asylee
 Hawaiian/Pacific Islander Tax ID Number only

Applicant Signature: _____ Date _____ Spouse/Coborrower Signature: _____ Date _____

Business Monthly Financials

Current Monthly Business Sales	\$ _____
Cost / Food purchases	\$ _____
Current Monthly Business Expenses	\$ _____
Commissary and Other Rent	\$ _____
Salaries & Benefits	\$ _____
Owner Salaries (paid with W-2 only)	\$ _____
Gas/tires/maintenance-related pay	\$ _____
Advertising & Sales	\$ _____
Cell/Phone/Fax/Internet	\$ _____
Utilities (propane, etc)	\$ _____
Permits, Licenses, Taxes	\$ _____
Insurance	\$ _____
Other	\$ _____

Business Debt (Please list all existing debt owed by the business)

Business Debt (amount owed)	Amount	Business Debt Monthly Payments	Amount
Revolving (Credit Cards, Line of Credit)	\$ _____	Revolving (Credit Cards, Line of Credit)	\$ _____
Installment (Vehicle Loans, etc)	\$ _____	Installment (Vehicle Loans, etc)	\$ _____
Commercial Mortgage	\$ _____	Commercial Mortgage	\$ _____

Personal Financials

Personal Income: (Please list how much you earn each month in the following income)

Owner Salary and/or take home from business	\$ _____		
Other job income (after tax)	\$ _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Spouse's income	\$ _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Public assistance	\$ _____	(Include SSI, Housing, Food Stamps, Social Security, etc.)	
Other income: _____	\$ _____	(Include children's income, alimony, rental income, etc.)	

Personal Expenses: (Please list how much you spend each month in the following expenses)

Rent	\$ _____
Transp./Gas/Maint./Insurance	\$ _____
Phone/Cell Phone	\$ _____
Bills (gas/elect./intern./cable/other)	\$ _____
Remittances	\$ _____
Education and Childcare	\$ _____
Child Support / Alimony	\$ _____
Food	\$ _____
Other	\$ _____

Personal Debt

Personal Debt (amount owed)	Amount	Personal Debt Monthly Payments	Amount
Revolving (Credit Cards)	\$ _____	Revolving (Credit Cards)	\$ _____
Installment (Vehicle Loans, Installment Purchases)	\$ _____	Installment (Vehicle Loans, Installment Purchases)	\$ _____
Mortgage and Home Equity Line	\$ _____	Mortgage and Home Equity Line	\$ _____