



THE SOUTHERN CAPITAL "SOCAP" FUND

The SoCap Fund strives to break down systemic barriers for women and gender marginalized entrepreneurs who seek capital to strengthen or grow their businesses, and offers patient, flexible, and affordable loans to women entrepreneurs. This pilot initiative is an opportunity to learn alongside these entrepreneur partners and influence traditional financial institutions and their underwriting process.

When women-owned businesses succeed, families and communities thrive, and jobs are created. We have an opportunity to partner with women entrepreneurs in their efforts to build successful local businesses and bolster the future economy of Arkansas.

Please take your time filling out this application. If you need help, please contact FORGE and a staff member will be available to help you.

PAGE 1	COVER
PAGE 2	PERSONAL INFORMATION
PAGE 3	LOAN INFORMATION & COLLATERAL
PAGE 4	BUSINESS INFORMATION
PAGE 5	FINANCIAL STATEMENT
PAGE 6	BUSINESS PLAN
PAGE 7	AUTHORIZATION

The Federal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income is derived from any public assistance program, or because the applicant has exercised in good faith any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the U.S. Small Business Administration, Washington, D.C. 20416.

Qualified individuals with disabilities are entitled to receive accommodations to enable them to benefit from our programs and services. To make such arrangements, contact a FORGE staff member by calling 479.738.1585 or email FORGE@forgefund.org. The FORGE office is located at 4415 U.S. Hwy 412B, Huntsville, AR 72740. The FORGE office is handicap accessible.

PERSONAL INFORMATION

APPLICANT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

OWN OR RENT: _____ HOW LONG: _____ YRS. _____ MOS.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____ EMAIL: _____

GROSS INCOME (SOURCE): _____

AMOUNT: _____ Weekly Monthly Quarterly Annually

If you have more than one source of income, please list on a separate sheet of paper and include with this application.

U.S. CITIZEN: YES NO U.S. RESIDENT: YES NO

Gender	Male	Female	Non-Binary	Prefer not to say	Other _____
Race	American Indian or Alaska Native		Asian	Black or African American	
	Pacific Islander	White	Two or More Races	Not Disclosed	
Ethnicity	Hispanic or Latino		Not Hispanic or Latino	Not Disclosed	
Veteran	Non-Veteran	Veteran	Service-Disabled Veteran	Not Disclosed	
<i>This data is collected for program reporting purposes only. Disclosure is voluntary and will have no bearing on the credit decision.</i>					

CO-APPLICANT INFORMATION (not required)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

OWN OR RENT: _____ HOW LONG: _____ YRS. _____ MOS.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____ EMAIL: _____

GROSS INCOME (SOURCE): _____

AMOUNT: _____ Weekly Monthly Quarterly Annually

If you have more than one source of income, please list on a separate sheet of paper and include with this application.

U.S. CITIZEN: YES NO U.S. RESIDENT: YES NO

Gender	Male	Female	Non-Binary	Prefer not to say	Other _____
Race	American Indian or Alaska Native		Asian	Black or African American	
	Pacific Islander	White	Two or More Races	Not Disclosed	
Ethnicity	Hispanic or Latino		Not Hispanic or Latino	Not Disclosed	
Veteran	Non-Veteran	Veteran	Service-Disabled Veteran	Not Disclosed	
<i>This data is collected for program reporting purposes only. Disclosure is voluntary and will have no bearing on the credit decision.</i>					

LOAN INFORMATION

AMOUNT OF LOAN REQUEST: \$ _____

LOAN PURPOSE(S):

WORKING CAPITAL
EQUIPMENT PURCHASE

EXPANSION
RENT

INVENTORY
OTHER

ALLOCATION OF LOAN FUNDS:

\$ _____ EQUIPMENT

\$ _____ IMPROVEMENTS

\$ _____ INVENTORY

\$ _____ MARKETING

\$ _____ WORKING CAPITAL

\$ _____ OTHER (PLEASE SPECIFY BELOW)

SPECIFICATION OF OTHER:

DESCRIBE USE OF LOAN FUNDS:

BUSINESS INFORMATION

FEDERAL TAX ID #: _____ DUN & BRADSTREET (DUNS) #: _____

LEGAL NAME OF BUSINESS: _____

LEGAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

BUSINESS PHONE #: _____ BUSINESS FAX #: _____

BUSINESS WEBSITE: _____ EMAIL: _____

DATE BUSINESS FOUNDED: _____

LEGAL FORM: Sole Proprietorship Partnership S-Corporation
 C-Corporation Nonprofit LLC
 DBA Other – Specify: _____

AVERAGE MONTHLY EXPENSES: \$ _____ AVERAGE MONTHLY REVENUE: \$ _____

GROSS REVENUE LAST YEAR: \$ _____ NET REVENUE LAST YEAR: \$ _____

DOES YOUR BUSINESS HAVE A PHYSICAL LOCATION? YES NO

PHYSICAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

ARE YOU CURRENT ON BUSINESS RENT/MORTGAGE? YES NO

ARE YOU CURRENT ON ALL PAYROLL, INCOME OR SALES TAX? YES NO

DO YOU HAVE A BUSINESS BANK ACCOUNT? YES NO

DO YOU FILE FEDERAL/STATE BUSINESS TAX RETURNS? YES NO

NUMBER OF CURRENT EMPLOYEES: _____ FULL-TIME _____ PART-TIME

NUMBER OF JOBS LOAN WILL CREATE: _____ FULL-TIME _____ PART-TIME

HOW DID YOU HEAR ABOUT THE SOCAP FUND? _____

REFERRED BY: NAME _____ ORGANIZATION: _____

ANY OTHER RELEVANT BUSINESS INFORMATION:

FINANCIAL STATEMENT
COMBINED - PERSONAL AND BUSINESS ACCOUNTS

<u>Assets</u>		<u>Liabilities</u>		
	Value		Monthly Payment	Balance
Cash		Mortgages		
Checking Account Balance				
Savings Account Balance				
Primary Residence		Loans		
Other Real Estate				
Marketable Securities				
Retirement Plans				
Cash Value Of Life Insurance				
Other Investments		Credit Cards		
Vehicles				
Other Assets		Student Loans		
Business Assets		Other Liabilities		
Total Assets:		Total Liabilities:		
Net Worth (Total Assets minus Total Liabilities):				

BUSINESS PLAN

MISSION AND GOALS – Describe the products and goals for this business:

KEYS TO SUCCESS – Describe how this loan will help you to succeed:

What is your current business model? How do you currently make money?:

MANAGEMENT – List the management team and their experience running this type of business:

MARKETING PLAN – Describe the strategy and details for marketing your business:

AUTHORIZATION

I certify that the information above is true and accurate as of the stated date(s), the purpose of which is either to obtain or guarantee a loan. I understand that this application may serve as the first step in a process and that FORGE, Inc. may request supporting documentation to verify the information provided. I authorize FORGE, Inc. to make such inquiries as necessary to verify the accuracy of the statements made to determine my credit worthiness. As part of this process, I authorize FORGE, Inc. to perform a credit check, including consumer and/or commercial credit reports, as authorized by law, including retrieving my personal credit report. I understand that false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). Intentional falsification of information, statements or values for any purpose including, but not limited to, the purpose of obtaining a loan from FORGE, Inc., may lead to disqualification of the applicant and possible criminal prosecution.

Applicant Name: _____

Applicant Signature: _____

Date: _____