

SEACap Small Business Lending



INSTRUCTIONS: Please email completed application to seacap@homesightwa.org or mail to HomeSight c/o SEACap: 5117 Rainier Ave S, Seattle WA 98118 to apply for Small Business Lending. If you are part of a business partnership and all partners wish to apply, each partner needs to complete a separate application.

CONTACT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell: _____ Preferred contact method(s):

- Email
- Phone
- Text

BUSINESS INFORMATION

Business Name: _____ Business website if applicable: _____

Tell us about your business. What do you sell or what is your service? (Example: Tamales, childcare, plumbing services, etc.)

Why do you want to take out a loan? What problem will it help to solve?

How will you use the funding? What difference will the funding make in your business?

What experience do you have related to this business industry? Include both formal (i.e. employment, working the business) and informal (i.e. selling to family, volunteering services) experience.

Have you received business coaching or technical assistance in the past? Yes No **If yes:** what type of coaching or services did you receive and from who?:

What areas of business coaching would be beneficial to your business?

Have you applied for other loans? Yes No **If yes:** where did you apply?: _____
Were you successful in securing a loan? Yes No **If yes:** where did you apply?: _____

Do you have a business partner or partner(s)? Yes No **If yes:** partner name(s): _____

Have you completed a written business plan for your business? Yes No Not sure

Sales information noted here is confidential and is NOT a formal report of business activity. Ventures uses this information to track the business progress of its participants. If unsure about exact amounts, use estimates.

When did you start selling? Month: _____ Year: _____

In a typical month, about how much do you sell (average monthly sales)? \$ _____

In a typical month, about how much do you spend on business expenses (average monthly expenses)? \$ _____

Do you spend some of your business income on personal expenses like food and rent? Yes No

If yes: How much of your business income do you spend in an average month? \$ _____

Do you have a current Washington State Business License? Yes No

If yes: When did you get your Washington State business license? Month: _____ Year: _____

How many hours per week do you work at your business?

- Full-time _____
- Part-time _____
- Seasonal _____

If you work part-time or seasonally, do you intend for your business to become your full-time Job in the future? Yes No

Do you have any paid employees or staff? Do NOT include yourself.

- No Employees **If yes**, how many of each:
 - # Full-time Employees: _____
 - # Part-time Employees: _____
 - # Temporary/Seasonal Employees: _____
 - # Contracted Employees: _____
 - Average Employee Hourly Wage:** \$ _____

PERSONAL INFORMATION

We use the following information to help better understand the businesses we serve. Your responses to this section allow us to evaluate and improve our programs. Please note, while we ask for personal information, all personally identifying information stays confidential.

Date of Birth: ____/____/____

Gender Identity:

- Male
- Female
- Other: _____
- Choose not to identify

Ethnicity (select all that apply):

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino/a
- Pacific Islander or Hawaiian
- White
- Other: _____

Is English your first language? Yes No

If not: What is your first language? _____

Marital Status:

- Single
- Married
- Common Law/Domestic Partnership
- Divorced/Separated
- Other

Are you a US Veteran?

- Yes No

Are you an immigrant to the US?

- Yes No

Did you come to the US as a refugee?

- Yes No

What is your current housing situation?

- Rent
- Subsidized
- Homeless
- Own
- Public Housing
- Other: _____

How did you hear about SEACap?

- Partner websites
- Facebook
- Instagram
- Twitter

- Flyer. *Where was it?* _____
- Small Business Administration
- Work Source
- Library
- Nonprofit or community group: *Which one?*

- Government agency. *Which one?*

- TV/radio/print: *Name of news source:*

- Internet search/independent research
- Other: _____

ALTERNATE CONTACT

Please provide the name and contact information of someone that SEACAP could contact if you were to move or change your contact information.

Contact Name: _____ Relationship to You: _____

Contact Phone: _____ Contact Email: _____

AGREEMENTS & SIGNATURE

SURVEY AGREEMENT: While participating in the SeaCap program, we will provide ongoing case management services and customized business coaching. We may also contact you up to 2 years after participating in our program to measure the long-term impact of SEACap services.

MARKETING AGREEMENT: We will occasionally photograph/film SEACap events for possible use for marketing our programs to the public (ex: flyers, brochures, newsletters, social media, etc). You may be included in a photo/video in a group setting or as the primary subject. If you do not want to be in photos/videos, you must inform us at the time of filming/photographing. SEACap also wants to promote your business by publicly sharing information such as your business website, social media properties (Facebook, Instagram, etc.), or store-front address.

I do not want to participate in any marketing activities.

CONSENT TO SHARE INFORMATION: Occasionally, SEACap partners will collaborate with other nonprofit organizations to provide classes and services. We sometimes share contact information with those organizations so that they can fully serve you. We will never share your information with people who try to sell you something, ask you for money, or harm you in any way.

I do not want Ventures to share my contact information.

I have read and agree to the above. *By signing below, you verify that all the information contained in this application is accurate and complete to the best of your knowledge, and agree to provide income verification upon request.*

Signature

Date