

**COUNTY OF RIVERSIDE
MICROENTERPRISE LOAN PRE-APPLICATION**

BUSINESS INFORMATION

Business Name:	Business Contact:
Contact Phone:	Contact Email:
Business Location:	
Describe in detail the type of product or service your business will/does offer:	
Number of Employees (include owner): Full Time: _____ Part Time: _____ Contract: _____	

APPLICANT INFORMATION

Primary Applicant Name (First Middle Last)				Co-Applicant Name (First Middle Last)			
Home Phone:				Work Phone:			
Mailing Address:				Property Address if different than mailing address:			
Street Name & Number	City	CA	Zip Code	Street Name & Number	City	CA	Zip Code

Loan Amount Request: \$ _____

INTENDED USE OF LOAN FUNDS

Please Describe

Equipment:	\$	
Inventory:	\$	
Working Capital:	\$	
Other		
Loan Purpose:		

COLLATERAL

Please provide us with information about the assets available to secure this loan.

Assets available to secure this loan (describe)	Value of Asset	Loans on Asset
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL:	\$	\$

Continue on other side...

