# MARYLAND CAPITAL ENTERPRISES, INC.

A Morgan State University Program

| APPLICANT INFORMATION  |                      |                             |   |          |  |
|--|----------------------|-----------------------------|---|----------|--|
| Business Name  |                      | Federal ID#                 |   |          |  |
| Business Warre   | rederal ID#          |                             |   |          |  |
| Business Address   |                      | Business Phone              |   |          |  |
| City, State, Zip   | Fax #                |                             |   |          |  |
| Applicant Name(s) (If more than 1 applicant, attach separate sheet with information.)  |                      | Drivers License # State Exp |   | Ехр      |  |
| Residence Address (if different)   |                      | Residence Phone             |   |          |  |
|  |                      |                             |   | Veteran  |  |
| City, State, Zip Date of   | Dirtir illili/dd/yyy | Social Security             | # Of Applicant(s)                       | veteran  |  |
| Emergency Contact Person Phone #   | Address              |                             | Relati                                  | onship   |  |
| Emergency Contact Person Phone #   | Address              |                             | Relati                                  | onship   |  |
| REQUEST FOR LOAN   | Manageme             | nt Owner(s)                 |   |          |  |
| Amount Requested   | Name                 |                             | Title                                   | Owners % |  |
| Term Requested   |                      |                             |   |          |  |
| Use of Loan Proceeds   |                      |                             |   |          |  |
| CSC OF ESCRIPTION COURS  |                      |                             |   |          |  |
| Fixed Assets   |                      |                             |   |          |  |
| Working Capital  |                      |                             |   |          |  |
| \$   |                      |                             |   |          |  |
| Equipment \$   |                      |                             |   |          |  |
| Other (attach separate sheet if needed)  |                      |                             |   |          |  |
| \$   | 1: 1 11 1            |                             | 10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |          |  |
| EMPLOYMENT INFORMATION (if more than 2 app Employment Status   | Your Status          | i a separate s              | neet with informa                       | ation)   |  |
| Full Time Self Employment  | Full Time Employment |                             |   |          |  |
| Part Time Self Employment  | Part Time Employment |                             |   |          |  |
| Employer Name Phone  | Employer Name        | Employer Name Phone         |   |          |  |
| Address  | Address              |                             |   |          |  |
| , tad, coo   | rtaarooo             |                             |   |          |  |
| Dates Employed Supervisor Name   | Dates Employed       | I                           | Supervisor Name                         |          |  |
| Current Salary   | Current Salary       |                             |   |          |  |
| MISC. QUESTIONS  |                      |                             |   |          |  |
| If answering yes to any of these questions, please provide an  | explanation on a     | separate sheet a            | and attach.                             |          |  |
| 1. Is the business or any of the top management personnel an endorser, guarantor or co-signer for Sobligations not listed on its/their financial statements? |                      |                             |   |          |  |
| 2. Is the business or any of the top management personnel a party to any claim or lawsuit?   |                      |                             |   |          |  |
| 3. Has the business or any of the top management personnel ever declared bankruptcy?   |                      |                             |   |          |  |
| 4. Does the business or any of the top management personnel owe any taxes for prior or current years?  |                      |                             |   |          |  |
| 5. Have you ever been evicted from a rental residence for non-payment or any other reason?   |                      |                             |   |          |  |
| 6. Have any managers or owners received a felony conviction?   |                      |                             |   |          |  |
| 7. Are you a U.S. Citizen? If no, please provide proof of residency.   |                      |                             |   |          |  |
| EXHIBITS   |                      |                             |   |          |  |

EXHIBIT A: Personal/Business Tax Return for 2 years

EXHIBIT B: Business References.

EXHIBIT C: Personal References.

## **EQUAL CREDIT OPPURTUNITY ACT (15 U.S.C. 1691)**

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 or age (provided that 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 agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

## DISCLOSURE AND CONFIDENTIALITY STATEMENT (Please Read Carefully)

Certain information in the possession of the Loan Committee (LC) must be made available for public inspection after an application for financial assistance is received. This information includes but is not limited to: the names of applicants, financial information including principals, the amounts, types and general terms of financial assistance, description of projects and businesses benefiting from financial assistance, the number of jobs and the amount of tax revenues projected in connection with a project, and the names of financial institutions participating in the project.

Certain records of the LC are designated confidential and will not be available to the public for inspection. This includes he disclosure of records which would constitute an invasion of privacy, such as personal tax returns or financial records obtained by the LC in connection with any monitoring or servicing of an existing project, and any records or information the release of which the LC has determined could cause a business or competitive detriment to the person whom the information belongs or pertains.

If an applicant desires that additional information be kept confidential, the applicant should clearly identify what information or documents he or she wishes to be kept confidential. The applicant must also explain in writing the basis for her or his request that the material be kept confidential. Where the applicant asserts that the basis for the confidentiality is that release of the information could cause a business or competitive disadvantage or loss of a competitive advantage, the applicant must provide the LC with sufficient information to enable the LC to determine independently the likelihood of suchdetriment. Applicants may wish to consult an attorney regarding any matters related to this application and possible loan agreements. The information contained in this application and attachments are submitted for the purposes of consideration for the MCE micro loan program.

# AGREEMENTS AND CERTIFICATIONS

#### **AGREEMENT**

- 1. I/We agree to notify you promptly in writing upon any material change in the information provided herein, and further ackrowledge that you will continue to regard this statement as true and complete until receipt of such written notification.
- 2. I/We agree to allow Maryland Capital Enterprises, Inc. to investigate any information disclosed in this application to indude but not limited to: my credit records, my credit history, and any other information that relates to, or may be a factor, in assessing my creditworthiness, to make any inquires it deems necessary to determine the existence and extent of any legal or financial obligations for which I am or may become liable, including but rot limited to, child support payments, restitution, and tax liabilities that may affect my ability to repay this loan, to investigate the existence and extent of mycriminal records, and to make such inquiries as it deems necessary or appropriate to verify the accuracy of the information contained in the application.

### CERTIFICATION

- 1. I/We certify all information in this application and the attachments is true and complete to the best of my/our knowledgeand is submitted so the Loan Administration Board can decide whether to grant a loan or participate with the lending institution in a loan to me/us.
- 2. I/We understand, in the event of default on the loan MCE may report the loan on my personal and business credit.
- 3. I/We understand our checking/savings account will be automatically debited for the monthly payments at no charge. If I choose not to accept automatic debit the interest rate will be 2% higher than the quoted rate.
- 4. I/We certify that I/We will comply with Title VI of the Civil Rights Act of 1964, as amended (42 USC 2000d-2000d 4), the requirements imposed by or pursuant to regulations issued for the Department of Commerce and designated as 15 CFR Subtitle A Part 8, and any amendments thereto. I/We agree to comply with the provisions of Section 112 of Public Law 92-65 (42U.S.C. 3123) the requirements imposed by or pursuant to the regulations of the Economic Development Administration promulgated in 13 CFR part 311 (as explained in the April 1979, EDA Civil Rights Guidelines) and any amendments thereto. I/We agree to comply with Sections 504 of the Rehabilitation Act of 1973 (26 USC 794) and 15 CFR Part 8b, Subsections a,b,c and e (Regulations of the Department of Commerce implementing Section504 of the Rehabilitation Act), and the Age Discrimination Act of 1975 (42 USC 6101). Such requirements hold that no person in the United States shall on the ground of race, color, national origin, sex, handicap, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which Federal financial assistance has been extended.

| Signature of Applicant(s) |  | Print Name(s) |  |  |
|---------------------------|--|---------------|--|--|
|                           |  |               |  |  |
| Data Cianad               |  | ·             |  |  |
| Date Signed               |  |               |  |  |
| Guarantor(s) (If any)     |  | Print Name(s) |  |  |
|                           |  |               |  |  |
|                           |  | _             |  |  |