

H PI CREDIT ASSOCIATION

F O R H O P I , B Y H O P I

Small Business Emergency Loan Checklist

Description:

To provide relief to small businesses on Hopi, HCA will make available small microenterprise loans up to \$2,500.00. These emergency loans will be for the entrepreneur who needs only small amounts of credit to pay existing business or personal expenses due to the financial impact on their business of the COVID-19 pandemic.

- Special Interest Rate: 5%
- Deferred first payment up to 6 months
- Limited availability: Loan product available until December 31, 2021

I. General Eligibility:

- Must be 18 years of age and an enrolled member of the Hopi Tribe
- Must reside within the boundaries of the Hopi Reservation full time
- Business located within the boundaries of the Hopi Reservation

II. Requirements for all loan requests:

- Loan Application – must be completely filled out, signed and dated by applicant(s)
- Make copies and attach the following documents for applicant and co-applicant:
 - Verification of Tribal Enrollment – CIB or Tribal ID (**Primary Applicant Only**)
 - Employment contract or term verification (if applicable)
- Income Verification:
 - Cash flow StatementIf other employment besides business:
 - Copy of recent check stub (3 or more if hours vary) (if applicable) *or*
 - Last 6 months of self-employment records or tax return (if applicable) *or*
 - Letter of monthly income amount or bank statement if direct deposited (if applicable)

III. Additional documents/requirements for type of loan:

- Hopi Tribe Business License
- Must attend future Small Business workshop (TBD)

IV. If loan request is approved, you will be required to:

- Pay a 3.0% loan fee (3.0% of the amount of loan);
- Purchase shares (one share for every hundred dollars of loan: 1 share = \$3.00);
- Pay for filing, credit check and application fees (credit check and fees for filing documents for collateral such as: UCC-1, MVD documents, etc.);
- Provide collateral equal to or greater to secure amount of loan.



**HOPI CREDIT ASSOCIATION
EMERGENCY SMALL BUSINESS
LOAN APPLICATION**

PO Box 1259 Keams Canyon, AZ 86034
928-738-2205 Phone/ 928-738-5633 Fax

Amount Requested \$ _____	Purpose of Loan: <input type="checkbox"/> Supplies <input type="checkbox"/> Equipment <input type="checkbox"/> Vendor Payment <input type="checkbox"/> Other bills due to no business activity <input type="checkbox"/> Other: _____
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Marital Status Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>	No. in Household: No. of Dependents:	Checking Account? <input type="checkbox"/> Yes <input type="checkbox"/> No Savings Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary Applicant - Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Section 1 Primary Applicant	Name of Applicant (Last, First, Middle Initial)	Social Security Number	Hopi Tribal Enrollment No.:	
		Date of Birth	Village:	
	Current Mailing Address (PO Box/Street/City/State/Zip)		Email Address:	
	Home Telephone Number ()		Cell Phone Number ()	

Co-Owner Applicant	Name of Applicant (Last, First, Middle Initial)	Social Security Number	Hopi Tribal Enrollment No./other Tribe Enrollment:	
		Date of Birth	Village:	
	Current Mailing Address (PO Box/Street/City/State/Zip)		Email Address:	
	Home Telephone Number ()		Cell Phone Number ()	

Section 2 Business Information	Business Name and Address:		EIN/TIN:
	Business Telephone Number	Business Fax Number:	Web Address:
	Legal Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Partnership	Operating Since: _____ / _____ / _____ Hopi Ownership: _____ %	Number of Employees: Full Time: _____ Part Time: _____
	Describe your business:		

Section 3 <input type="checkbox"/> NON APPLICABLE Primary Applicant <i>Income Info other than business</i>	Applicant's current employer name and address		Title	
	Business Telephone Number	How long employed? (yrs/mos)	Monthly Net Pay \$	
	Other Income (monthly/annual)/ Source \$ /	Previous Employer/ How long employed /	Contract Employee 9/10 mos () 12 mos ()	Term Employee Appointment Ends:
<input type="checkbox"/> NON APPLICABLE Co-Owner <i>Income Info other than business</i>	Co-Applicant's current employer name and address		Title	
	Business Telephone Number	How long employed? (yrs/mos)	Monthly Net Pay \$	
	Other Income (monthly/annual)/ Source \$ /	Previous Employer/ How long employed /	Contract Employee 9/10 mos () 12 mos ()	Term Employee Appointment Ends:

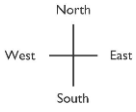
Section 4 Credit History	If a "yes" answer is given to a question, explain Are you a party in a lawsuit that may result in a loss of assets/ability to repay loan? Have you ever had credit under another name? State name: Are you a co-maker, co-signer or guarantor on any loan? (Is someone else paying for a loan that is in your name?) State company, amount and who is paying:	Applicant		Co-Owner	
		YES	NO	YES	NO

Section 5 Personal Financial Information Monthly Expenses	HOUSEHOLD EXPENSES		CREDIT OBLIGATIONS		
	EXPENSE	\$ Per Month	OPEN ACCOUNTS	\$ BALANCE	\$ MONTHLY
	Rent (quarters, apt.)		Charge Accounts, Credit Cards & Other Loans		
	Groceries/Household Supplies		1.		
	Fuel (Propane)		2.		
	Electricity		3.		
	Phone (cell and home)		4.		
	Water		Auto Loans		
	Trash		1.		
	Satellite Programming/Cable		2.		
	Automobile Insurance		Home Mortgage (HUD, Own, Mobile Home)		
	Child Care		1.		
	Property/Health/Life Insurance		2.		
	Alimony/Child Support		Other (401K Loans, TSP Loan, additional not listed above)		
	Other (education, self-employment, hay, feed)				
	TOTAL HOUSEHOLD EXPENSES	\$	TOTAL CREDIT OBLIGATIONS	\$	\$

MAP TO RESIDENCE/BUSINESS

Draw a detailed map (include rural address, color of home, mile post number, etc.)

RESIDENCE



Written Directions: _____

BUSINESS

Written Directions: _____

PERSONAL REFERENCES

List personal references with valid address and telephone numbers. Be informed that the Hopi Credit Association reserves the right to verify the listed references.

Applicant		
Name and Address	Relationship	Telephone Numbers
1.		Home : _____ Cell Phone: _____ Work: _____
2.		Home : _____ Cell Phone: _____ Work: _____
3.		Home : _____ Cell Phone: _____ Work: _____

Co Owner		
Name and Address	Relationship	Telephone Numbers
1.		Home : _____ Cell Phone: _____ Work: _____
2.		Home : _____ Cell Phone: _____ Work: _____
3.		Home : _____ Cell Phone: _____ Work: _____

ABOUT YOUR BUSINESS

Please use additional sheets if necessary

Describe the type of product or service your business offers:
Does your business operate: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonally
How many hours per week do you work in your business?
Why did you choose this business?
Is this business your primary source of income? <input type="checkbox"/> No <input type="checkbox"/> Yes If no and employed do you plan to work while operating your business? For how long?
Have you previously owned another business? <input type="checkbox"/> No <input type="checkbox"/> Yes Please Describe:

What type of business experience do you have?

What are your business goals?

What are your average daily sales?

How many customers do you serve each day?

Approximately how many days are you open each month?

What are your three greatest expenditures each month?

What months produce your greatest sales?

The least?

Do you pay yourself a salary?

How do you market your service or product? What outlets do you use?

