



**boc capital**  
What's your next step?



Thank you for choosing BOC Capital for your small business needs. If you have trouble or would like assistance with your loan application please contact us at 914-948-6098 x14 or via email at [info@wedcbiz.org](mailto:info@wedcbiz.org).

**LOAN PREQUALIFICATION CHECK**

Are you under 18 years of age?  Yes  No

Do you live outside the area of service? (<http://www.bocnet.org/boc/map.asp>)  Yes  No

Is your business outside the area of service? (<http://www.bocnet.org/boc/map.asp>)  Yes  No

Is your business involved in the adult entertainment industry?  Yes  No

Is your business involved in the sale of any illegal or counterfeit goods?  Yes  No

To the best of your knowledge, will any of the items listed below be in your credit report?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Active Bankruptcy  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bankruptcy Chapter 7 in the last year  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Foreclosure or repossession in the last year   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unpaid write-off or collection accounts within the last 6 months                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unpaid public records (tax liens or civil judgments) or not on active repayment plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any of your credit accounts 90+ days past due  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your business is fully operating and generating revenue for at least the past six months please select yes OR, if you have an additional source of income or financial support outside of the business, please select yes. If neither of these situations apply please select no.  Yes  No

Are you a certified M/W/DBE in New York City?  Yes  No

**APPLICATION INSTRUCTIONS**

It is very important that this Loan Application is fully completed and the required information properly filled in. Required fields are marked with an asterisk. You must fill in all fields that have an asterisk. Please provide a photo ID along with the application for the applicant, co-borrower(s) and/or guarantor(s). This application is part 1 of the process. The second part will include providing documentation to substantiate that data you have provided in this application.

**Brooklyn**  
85 South Oxford Ave, 2nd Fl  
Brooklyn, NY 11217  
Tel: (718) 624. 9115  
Fax: (718) 246. 1881

**Queens**  
96-11 40th Road, Ground Fl  
Corona, NY  
Tel: (718) 205. 3773  
Fax: (718) 205. 3774

**White Plains**  
1133 Westchester Avenue  
White Plains, NY  
Tel: (914) 948. 6098  
Fax: (914) 470-2792

**1.2 PERSONAL INFORMATION**

\*How did you hear about us?

- BOC Network
- Chamber of Commerce
- Flyer / Mailout
- Government
- Media
- Newspaper
- Non-profit - Economic Dev. Corp

- Non-profit - other
- NYC Small Biz Solutions
- Seminar / Event
- Small Business Administration
- Website / Internet
- NYEDC
- Other: \_\_\_\_\_

\*Have you ever had a loan with BOC Capital Corp?  Yes  No

**Applicant's Information:**

Borrower's Name: \*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Home Address 1: \_\_\_\_\_

Home Address 2: \_\_\_\_\_

\* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Preferred Contact Method (choose one)

\*Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

  
  
  


**Time at Current Residence:**

\*Years (0-99) \_\_\_\_\_

\*Months (0-11) \_\_\_\_\_

Own  Rent

Home Landlords Name (If Renting) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Previous Address (if less than 1 year):**

Home Address 1: \_\_\_\_\_

Home Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

\*Percentage of business ownership: \_\_\_\_\_ %

If not 100%, list other owners (Name & Percentage owned)

Name: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ %

Name: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ %

Name: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ %

Names Credit Can Be Under: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_  
(xxx-xxx-xxxx)

\*Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Driver's License Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

### 1.3 CREDIT INFORMATION

We will pull credit on the main borrower and all co-borrowers. The following information will be visible on your credit.

If you presently have an active bankruptcy you do not qualify for a loan under our program's guidelines.

If you have successfully completed your bankruptcy plan, please provide us with your discharge papers. Thank you

Have you ever filed for bankruptcy?  Yes  No  
If so, is it active?  Yes  No

If you presently show past due or slow pay in child support accounts you do not qualify for a loan under our program's guidelines. If you are under a payment plan and in compliance with it, please provide us proof of payments. Thank you.

Are you showing slow pay in child support?  Yes  No  
Can you prove that you are current?  Yes  No

If you are presently delinquent in your mortgage and/or your vehicle account you do not qualify for a loan under our program's guidelines. If you have proof that these accounts are current, please provide supporting information.

Thank you.

Are you currently showing slow pay in mortgage and/or vehicle account?  Yes  No  
Can you prove that you are current?  Yes  No

Please explain the reasons for any credit issues on your credit and steps taken to remedy those issues:

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### 1.4 BUSINESS INFORMATION

\*Business Name: \_\_\_\_\_ Business Tax ID \_\_\_\_\_

\*Business Address 1: \_\_\_\_\_

Business Address 2: \_\_\_\_\_

Business Address 3: \_\_\_\_\_

\* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*County \_\_\_\_\_

\*Preferred Contact Method (choose one)

\*Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_

\*Business Cell: \_\_\_\_\_

\*Business email: \_\_\_\_\_

Time at Current Location:

\*Years (0-99) \_\_\_\_\_ \*Months (0-11) \_\_\_\_\_  Own  Rent

If Renting:

Business Landlord's Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Business Bank Account Information:

Do you have a bank account?  Personal  Business  Both  None

Type of Business Account?  Checking  Savings  Both  None

Time Owning Business: \*Years (0-99) \_\_\_\_\_

\*Months (0-11) \_\_\_\_\_

**Ownership:**

Sole Proprietorship/Individual

General Partnership

Corporation

Non-profit

Limited Partnership

LLC

**Business Location**

Home  Storefront  Market  Street  Office Building  Other \_\_\_\_\_

\*Average Monthly Sales \$ \_\_\_\_\_

\*Highest Monthly Sales \$ \_\_\_\_\_

\*Lowest Monthly Sales \$ \_\_\_\_\_

Is your business seasonal?  Yes  No

\*How do you pay for raw materials/supplies for the business?

Cash  Net 30  Net 60  Net 90  other (explain): \_\_\_\_\_

\*Years of industry experience (0-99): \_\_\_\_\_

Description of business (product/service): \_\_\_\_\_

**Green Business:**

\*Is this a green business?  Yes  No

If yes, how is/will your business benefit the environment?

Energy conservation through reduction of use or other measures (ie gas, oil, electricity)

Energy efficiency improvements to facility or production process

Organic products increased production, cultivation, or use (food, compost, material)

Renewable energy generated (biofuel, geothermal, solar, wind)

Toxic substances reduced, reused, recycled, or eliminated

Waste products reduced, reused, recycled, or eliminated

Water quality preservation

Water use reduction

Other: \_\_\_\_\_

None

How do you measure impact?

Energy use monitored from billing statements/usage

Organic product utilization for cultivation/production

Waste and/or toxic substances reduced through pounds or gallons

Waste use and/or cost reduced through billing statements

Energy costs reduced

Renewable energy generation calculated

Other

None

## 2.0 LOAN INFORMATION

\*Loan Amount Requested: \$ \_\_\_\_\_

\*Requested term (in months): \_\_\_\_\_

Requested monthly payment: \$ \_\_\_\_\_

\*Purpose of loan (please break down purpose of loan by cost)      \*Dollar Amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

What is the minimum loan amount you can work with and what will the purpose be:

\*Purpose of loan (please break down purpose of loan by cost)      \*Dollar Amount

\_\_\_\_\_ \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Own funds available: \$ \_\_\_\_\_

BOC Capital Loan: \$ \_\_\_\_\_

## 3. FINANCIAL INFORMATION

**Business Assets** (Materials, inventory, machinery, accounts receivable, furniture, fixtures, vehicles, etc.)

For start ups, include cash available to invest in your business.

Item:	Value	Own free and clear	
1 _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Business Liabilities** (all business debts; includes vehicles, accounts payable, loans with other lenders, banks, etc.)

Item:	Monthly Payment	Owed to	Balance
1 _____	\$ _____	_____	\$ _____
2 _____	\$ _____	_____	\$ _____
3 _____	\$ _____	_____	\$ _____

**Collateral**      BOC Capital required all loans to be secured with assets. Acceptable assets include:

Business Assets, personal/business vehicles, commercial and/or residential real estate.

What collateral will be used to secure this loan? (Include Contract & any other asset)

*Item	*Resale Value	*Own free and clear	
1 _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Monthly Personal Financials**

<b>Monthly Income</b>	
a. Take home from business (if in business > 6 months)	\$
b. Spouse's income (Enter if spouse is Co-Borrower)	\$
c. Applicant's employment income (outside of business)	\$
d. Any other income	\$

<b>Monthly Personal Expenses</b>	
*a. Food and clothing	\$
*b. Utilities	\$
c. Home rent / mortgage	\$
d. Education and childcare	\$
e. Insurance, gasoline, misc.	\$
f. Vehicle and other loan payments	\$
g. Credit card payments	\$
h. Healthcare expenses	\$
i. Child support & alimony	\$

**Monthly Business Financials**

(If in business less than 6 months, use Projected)

Actual or Projected (Choose one)  Actual

Projected

<b>Monthly Income</b>	
*a. Average Monthly Gross Sales	\$
b. Any other income	\$

<b>Monthly Business Expenses</b>	
a. COGS - raw materials, merchandise	\$
b. Insurance, gasoline, misc.	\$
c. Business rent / mortgage	\$
d. Utilities	\$
e. Vehicle and other loan payments	\$
f. Credit card payments	\$
g. Salaries/labor	\$

**Contract Financials (Projected)**

(based on the terms of contract and projected schedule)

Please indicate projected contract payment schedule :

Monthly Contract Income	
a. Gross income (Monthly avg)	\$

Monthly Contractual Expenses	
a. COGS - Raw materials, merchandise	\$
b. Insurance, gasoline, misc.	\$
c. Business rent / mortgage	\$
d. Utilities	\$
e. Vehicle and other loan payments	\$
f. Credit card payments	\$
g. Salaries/labor	\$

**NOTE:**

Detailed projections will be requested during phase 2 of the loan application process along with additional required verification documentation.

**4.1 Contract Details:**

Contract Number: \_\_\_\_\_  
 Prime contract holder OR City agency contact: \_\_\_\_\_  
 \*Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 \* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*County \_\_\_\_\_  
 Name of Direct Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact e-mail: \_\_\_\_\_

Signed Contract (Indicate Yes/No and Date): \_\_\_\_\_  
 Projected Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_  
 Please indicate any advanced payments amounts and times of disbursements:  
 \_\_\_\_\_

**Contractor Background:**

M/W/DBE Certified: \_\_\_\_\_ Please Specify Type: \_\_\_\_\_ Date: \_\_\_\_\_  
 Indicate which city agency provided certification: \_\_\_\_\_  
 Previous Contract(s) with Contract Provider (Yes/No) \_\_\_\_\_ With other City Agency? (Yes/No) \_\_\_\_\_  
 If YES - Please provide Details of previous work (include dates, amounts, and scope of work)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Performed on State/Federal Contracts (Yes/No): \_\_\_\_\_  
 Please provide details of contracts (include dates, agency, amounts and scope of work)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please answer the following questions if employed outside of the business.

Employer's Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Income per month \$ \_\_\_\_\_

**4.2 Co-borrower Information**

A co-borrower owns a portion of the business or lives in the same household.  
(NOTE: All business owners that own 20% or more of the business are required to sign as co-borrowers.)

Will there be a Co-borrower?  Yes  No

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

\* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Preferred Contact Method (choose one)

Home Phone: \_\_\_\_\_  
\*Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Previous Address (if less than 1 year):

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Names Credit Can Be Under: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_

\*Drivers License: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Percentage of business ownership: \_\_\_\_\_ %

Relationship to loan applicant: \_\_\_\_\_



### 4.3 Business References

#### 1. Personal Reference (a friend or relative that does not live with you)

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

\* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to borrower:  Friend  Family  Business Contact

#### 2. Business Reference

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

\* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to borrower:  Friend  Family  Business Contact

#### 3. Business Reference

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to borrower:  Friend  Family  Business Contact

**4.5 SOCIO-ECONOMIC INFORMATION**

Providing this information will allow us to determine if you qualify for special funding and programs.

Years of Education: \_\_\_\_\_ years

Number in Household (Including yourself): \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Age of each dependent: \_\_\_\_\_

Marital Status:  Unmarried  Married  Separated

Ethnicity:  Black/African-American  White  Native American  
 Asian  Hispanic/Latino  Other: \_\_\_\_\_

Gender:  Female  Male

Refugee:  Yes  No

Veteran:  Yes  No

Type of Accounting Records:  None  Some (Informal)  Regular (Formal)  Professional

How many full-time jobs do you plan on creating? \_\_\_\_\_

How many part-time jobs do you plan on creating? \_\_\_\_\_

How many full-time employees do you have? \_\_\_\_\_

How many part-time employees do you have? \_\_\_\_\_

**5 LOAN GUARANTOR INFORMATION**

Will there be a co-signer/guarantor for your loan?  Yes  No

NOTE: A guarantor must have a different address and does not own more than 20% of the business.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Address (if less than year):

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Names Credit Can Be Under: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to loan applicant: \_\_\_\_\_

Guarantor's Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Current Annual Salary: \_\_\_\_\_

**6 AUTHORIZATION**

I hereby authorize and grant permission to BOC Capital Corp to obtain my personal and business credit information as necessary to evaluate my loan application. I hereby apply for a loan in the above amount for my business and certify that the information contained in this loan application and supporting documents provided are true and correct. By submitting this loan application I hereby agree that this application and any and all supporting documents furnished now and/or in the future shall remain in the possession of BOC Capital Corp. BOC Capital Corp undertakes to treat the information provided by client as privileged and confidential and affirms that their use is solely in connection with the processing, evaluation and administration of the loan.

\_\_\_\_\_  
Signature of Loan Applicant

\_\_\_\_\_  
Date of Loan Application

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Social Security #

I hereby authorize and grant permission to BOC Capital Corp to obtain my personal and business credit information as necessary to evaluate my loan application. I hereby apply for a loan in the above amount for my business and certify that the information contained in this loan application and supporting documents provided are true and correct. By submitting this loan application I hereby agree that this application and any and all supporting documents furnished now and/or in the future shall remain in the possession of BOC Capital Corp. BOC Capital Corp undertakes to treat the information provided by client as privileged and confidential and affirms that their use is solely in connection with the processing, evaluation and administration of the loan.

\_\_\_\_\_  
Signature of Loan Co-Borrower

\_\_\_\_\_  
Date of Loan Application

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Social Security #

I acknowledge that, as Guarantor, I will benefit from BOC Capital Corp extending credit to the Loan Applicant/Borrower, and that this guaranty of payment that I am offering may be relied upon by BOC Capital Corp in its decision to approve the loan applied for by the Borrower. I hereby agree to guarantee payments on the loan applied for if the borrower/loan recipient is unable for whatever reason to make payments. I hereby authorize and grant permission to BOC Capital Corp to obtain my personal and business credit information necessary to evaluate the application for the loan that I have agreed to guarantee, and agree that such information and any and all supporting documents furnished now and/or in the future shall remain in the possession of BOC Capital Corp. BOC Capital Corp undertakes to treat the information provided by Guarantor as privileged and confidential and affirms that their use is solely in connection with the processing, evaluation and administration of the loan.

\_\_\_\_\_  
Signature of Loan Guarantor

\_\_\_\_\_  
Date of Loan Guaranty

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Social Security #