

Business Development Assistance Application

Complete the application including all appendices. Failure to complete all sections of the application will delay the process. **Submitting an application does not automatically qualify you for assistance.** Assistance is dependent on funds availability and program guidelines.

APPLICANT	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)			
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER OR WAY TO BE REACHED		BEST TIME TO BE REACHED	

CO-APPLICANT OR SPOUSE	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER/WAY TO BE REACHED		BEST TIME TO BE REACHED	

CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME

List all individuals, other than the applicant and co-applicant, who live in the house for six or more months per year. This includes children, step-children, caregivers, or family members. Use a separate sheet of paper to list any additional persons beyond four. Failure to report all household members may result in disqualification.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO



WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status: _____ Married _____ Unmarried _____ Legally Separated (Date of Decree) _____
2. If married:
 - a. Spouse's name _____
 - b. Spouse's address _____
3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s.766.59, or court decree under s.766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.
If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.

BUSINESS CONCEPT

Please describe your planned business:

- Have you completed a business plan? _____
- Number of full-time employees you expect to employ (business owner counts as one): _____
- Number of part-time employees you expect to employ: _____
- Funds you have available to invest in starting up your business: _____
- Estimate of loans or equity you need to start up your business: _____
- Indicate sources of potential collateral you may have:
- Vehicle(s): Blue book value _____ Amount owed: _____
 - House: Current value: _____ Amount owed: _____
 - Cabin/Home: Current value: _____ Amount owed: _____
 - Boat: Current value: _____ Amount owed: _____
 - Other: _____ Current value: _____ Amount owed: _____
 - Other: _____ Current value: _____ Amount owed: _____

FINANCIAL HISTORY INFORMATION

	Applicant	Co-Applicant
Do you have any judgments or collection accounts currently outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a vehicle repossessed? If "yes" indicate year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a party to a lawsuit, or do you have reason to believe that you will become party to a lawsuit in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared bankruptcy? If "yes" indicate year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligations, or loan guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Calculation Worksheet

ALL income from individuals 18 and over MUST be included in the table below. Failure to provide accurate information will delay and/or disqualify your application.

APPLICANT'S EMPLOYER	EMPLOYER PHONE NUMBER
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EMPLOYER ADDRESS

CO-APPLICANT EMPLOYER	EMPLOYER PHONE
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EMPLOYER ADDRESS

INCOME TYPES: W Wages/Salary/Tips CS RECD Child Support Received D/I Dividends/Interest DL Disability Long Term DS Disability Short Term P Pensions/Annuities/IRA SSI/SSDI Social Security SE Self-Employment UC Unemployment Compensation	A Alimony Received C-SUPP SSI Caretaker Supplement G Gambling/Lottery/Bingo GR General Relief GF Gift/Donation GV Government Relief/Disaster LC Land Contract Payment O Other	R Rental Income SSI Social Security Supplemental Income SU Subsidized Housing Utility Allowance T TANF/W2 TR Tribal per Capita V Veterans Benefits WK Workers' Compensation
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HOUSEHOLD MEMBERS NAME	INCOME TYPE	INCOME	INCOME	INCOME	3 Month Total	CC staff initial when verified*
		MONTH 1	MONTH 2	MONTH 3		

Total 3 Month Household Income	\$
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I certify that the above information is to be true and accurate to the best of my knowledge on the date affixed below:

_____ Date _____ Date
 Applicant Signature Co-Applicant Signature

TO BE COMPLETED BY COULEECAP PROGRAM STAFF ONLY

_____ ÷ 3 = _____	X 12 = \$ _____	per year
3 Month Total	Monthly Average Income	Annual Income

Review Date:	CMI %:
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Reviewed By (print):	Signature:
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Couleecap, Inc. General Release of Information

To Whom It May Concern:

I/We have applied for a loan/grant and hereby authorize you to release to Couleecap, Inc., the program administrator, the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income, and hours worked.
2. Disability payments, social security, and pension funds.
3. Any information deemed necessary in connection with a consumer credit report or business related transaction.
4. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount. These unemployment insurance files may be provided to and accessed by Wisconsin Community Action Program (WISCAP), HUD, and the Department of Administration.

This information obtained will only be for the confidential use of Couleecap, Inc. in determining my/our eligibility for a grant or to confirm information I/we have supplied. Please complete the attached verification request. A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with Couleecap, Inc.

Applicant

Co-Applicant

Last Name, First Name, MI

Last Name, First Name, MI

Social Security Number

Social Security Number

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: the Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to DHIR/DOH, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

NOTICE TO BORROWERS: You are not required to provide Couleecap, Inc. or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.



Couleecap, Inc. Assets & Liabilities Worksheet

Applicant Name:
Co-applicant Name:

Please list all assets and liabilities in the spaces available below. Disclosing all assets allows staff to make better risk management assessments relating to your financial situation.

Asset Type	Value	Monthly Contribution	Belongs to
Savings Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Checking Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Money Market Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
IRA			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
IRA			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
401K or retirement account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Real property (land, home you rent to someone, commercial property)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

Liability Type	Total Amount Owed	Monthly payments	Owed by
Car loan Year/Make/Model:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Car loan Year/Make/Model:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Child Support			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Collection account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Collection account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Student loans			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Other loans or debts			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Other loans or debts			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

Couleecap, Inc. Media Release

Applicant Name _____

Co-Applicant Name _____

Address _____

City _____ State _____ Zip _____

I hereby authorize Couleecap, Inc. to use my photo, photos of my home and/or information related to my experiences with Couleecap's Job and Business Development Program. I understand this information may be used in publications (including electronic publications), audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

I would be interested in speaking to media and/or other interested parties about my experiences:

Yes

No

I prefer that:

my complete name to be used

my first name only to be used

no name be used

Applicant Signature

Date

Co-Applicant Signature

Date

Couleecap, Inc. Conflict of Interest Addendum—Applicant

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

No relationship	Family (list relationship)	Business	Name	Position
<i>Couleecap Executive & Community Development Department Staff</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Grace Jones	Executive Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Todd Mandel	Community Dev. Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Anastasia Penchi	Real Estate Services Mgr.
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ashley Lacenski	Community Dev. Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Andrew Londre	Business & Income Dev.
<i>Couleecap Board Members</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ellen Barum	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bob Brague	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Karen Dahl	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Gary Davig	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Rebecca Eby	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Charolotte Erickson	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Maureen Freedland	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Terry Hicks	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Karen Joos	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Monica Kruse	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Janet Kusch	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Celesta Leis	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Robyn Leis	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Karen Long	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Barbara Martinez	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Mary Masters	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Kellie McElroy	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Anne O'Connor	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	James O'Meara	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bill Rudy	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Jane Schaaf	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Brian Turben	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Albert Wee	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	John Young	Board Member

Name: _____

Applicant Co-Applicant

Signature: _____

Date: _____

Applicant and Co-Applicant must complete separate addendums

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<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Grace Jones	Executive Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Todd Mandel	Community Dev. Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Anastasia Penchi	Real Estate Services Mgr.
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ashley Lacenski	Community Dev. Specialist
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<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Jane Schaaf	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Brian Turben	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Albert Wee	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	John Young	Board Member

Name: _____

Applicant Co-Applicant

Signature: _____

Date: _____

Applicant and Co-Applicant must complete separate addendums

Fair Credit Reporting

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of denied credit due to an unfavorable consumer report, you will be advised of the identity of the consumer reporting agency making such report and of the right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.

If you have questions about your rights, or if you wish to file a complaint contact:

Todd Mandel
Community Development Director
Couleecap, Inc
201 Melby Street
Westby, WI 54667

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of copies of the Fair Credit Reporting Notice.

Applicant Signature

Date

Co-Applicant Signature

Date

Couleecap, Inc. Privacy & Disclosure Notice

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

Applicant Signature

Date

Co-Applicant Signature

Date

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