

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

P.O. BOX 446, RICHMOND, VIRGINIA 23218-0446

1-866-248-8814

FAMILY HOME PROVIDER LOAN APPLICATION

Amount of Loan:

\$ _____

Current number of child care spaces

Child care spaces created as a result of this financing

Purpose: (Please describe what you will do with the loan money.)

Collateral: (Tell us what you can offer to secure the loan, for example home equity, car titles, stocks, etc.)

Please Tell Us About Yourself:

| | | | | |
|--------------------------------------|-------------------------------------|---|------------------------------------|---|
| <u>First Name</u> | <u>Initial:</u> | <u>Last Name:</u> | <u>Date of Birth:</u> | <u>Social Security Number</u> |
| <u>Business Name (if applicable)</u> | | <u>Address</u> | <u>City/State</u> | <u>Federal ID Number</u> |
| <u>Address:</u> | | <u>City:</u> | <u>State:</u> | <u>Zip:</u> <u>How long?</u> |
| <u>Previous Address:</u> | | <u>City:</u> | <u>State:</u> | <u>Zip:</u> <u>How long?</u> |
| <u>Home Phone:</u> | Rent <input type="checkbox"/> | <u>Monthly Rent / Mortgage Payment:</u> | <u>Landlord / Mortgage Holder:</u> | <u>Yrs./Months There:</u> |
| | Own/Buying <input type="checkbox"/> | | | |
| <u>Name of Employer:</u> | | <u>Position/Occupation:</u> | <u>Gross Annual Salary:</u> | <u>Yrs./Months There:</u> |
| <u>Employer's Street Address:</u> | | <u>City:</u> | <u>State:</u> | <u>Zip:</u> <u>Business Phone:</u> |
| <u>Previous Employer:</u> | | <u>Address:</u> | <u>City/State/Zip:</u> | <u>Position/Occupation:</u> <u>Yrs./Months There:</u> |
| <u>Nearest of Kin</u> | <u>Name</u> | <u>Address</u> | <u>City/State</u> | <u>Phone</u> <u>Relationship</u> |

Note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.

Source & Amount of Other Annual Income:

Please Tell Us About Your Co-Applicant/Guarantor:

| | | | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <u>First Name</u> | <u>Initial:</u> | <u>Last Name:</u> | <u>Date of Birth:</u> | <u>Social Security Number</u> | <u>Relationship to Applicant</u> |
| <u>Street Address:</u> | | <u>City:</u> | <u>State:</u> | <u>Zip:</u> | |
| <u>Previous Address:</u> | | <u>City:</u> | <u>State:</u> | <u>Zip:</u> | |
| <u>Home Phone:</u> | Rent <input type="checkbox"/> | <u>Monthly Rent/Mortgage Payment:</u> | <u>Landlord/Mortgage Holder:</u> | <u>Yrs./Months There:</u> | |
| | Own/Buying <input type="checkbox"/> | \$ _____ | | | |
| <u>Name of Employer</u> | | <u>Position/Occupation</u> | <u>Gross Annual Salary</u> | <u>Yrs./Months There:</u> | |
| <u>Employer's Street Address:</u> | | <u>City:</u> | <u>State:</u> | <u>Zip:</u> <u>Business Phone:</u> | |

| | | | | | |
|--------------------|----------|-----------------|----------------------|--------------------|--------------|
| Previous Employer: | Address: | City/State/Zip: | Position/Occupation: | Yrs./Months There: | |
| Nearest of Kin | Name | Address | City/State | Phone | Relationship |

Guarantor please note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.

Source & Amount of Other Annual Income:

Applicant Please Tell Us About Your Financial Obligations:

| Creditor: | Indicate Applicant(s), Co-Applicant or Joint: | Current Outstanding Balance: | Monthly Payment and Term |
|-----------|---|------------------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Assets:

Real Estate: Description/location _____ Purchase Price _____ Market Value _____

Date acquired _____ % owned by you _____ %

Investments: Bank accounts \$ _____ Stocks \$ _____ Other \$ _____ (describe) _____

Automobiles Year _____ Make/model _____

Child Care spaces to be created as a result of this financing. _____

Have you ever declared bankruptcy? Yes ___ No ___

If yes, please explain the circumstances and date. _____

Do you currently owe federal, state taxes or local taxes? Yes ___ No ___

Explain _____

I/We authorize the Virginia Small Business Financing Authority (VSBFA) to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any person, including but not limited to, all local, state, or federal governmental agencies, or consumer reporting agencies, to complete and furnish VSBFA any information that it may have or obtain in response to such credit inquiries, and agree that such information, along with this application, shall remain VSBFA's property whether or not credit is extended. I/We authorize VSBFA to furnish credit information, including insurance information, to persons who may lawfully receive and use such information. I/We certify that the information provided in this application is being given for the purpose of obtaining the credit described above and is true and correct as of this date.

| | | |
|--------------------------|------------------------|-------|
| Applicant's Signature: | Title (if applicable): | Date: |
| | | |
| Co-Applicant's Signature | Title (if applicable): | Date: |
| | | |

CHILD CARE REGULATORY STATUS

1) Date your child care facility was

Licensed: _____

Certified: _____

Registered: _____

Approved: _____

2) Person who monitors your child care facility:

Individual's Name: _____

Organization Name: _____

Address: _____

Phone #: _____

3) Has your facility ever been investigated for a child care complaint?

Yes _____

No _____

4) If answer to #3 above is yes, please select the category of the complaint:

___ Administration:

___ Staff Qualifications and Training/Personnel

___ Physical Plant/Physical Environment and Equipment

___ Physical Health

___ Staffing and supervision

___ Programs

___ Care of Children

___ Record Keeping Responsibility

___ Special Care Provisions and Emergencies

___ Special Services

5) If answer to #3 above is yes, please provide:

Date of complaint(s): _____

Copy(s) of the finding/disposition of the complaint(s).

6) Is your facility on "enforcement watch" or pending closure?

Yes _____

No _____

7) Please attach a copy of your current license or certificate to provide child care.

Thank you for your interest in the Child Care Financing Program. Please review the following checklist to ensure that you are submitting a complete application. This will reduce the time required to process your request.

- ◆ Documentation to support your and your co-applicant's/guarantor's Gross Annual Salary (photocopies of complete federal income tax returns, including all schedules and attachments, W-2, year-end pay stub, contracts, Department of Social Services payment vouchers, etc.)
- ◆ \$15.00 nonrefundable application fee (to cover the cost of processing your request).
- ◆ Any documentation to support the "eligible use" of funds under the program guidelines.
- ◆ Provide evidence that you are (a) licensed by the Virginia Department of Social Services, (b) registered through the Voluntary Registration Program, (c) part of a Licensed Family Care System, or (d) participating in the USDA Food Program.
- ◆ Statement that you are in good standing from the Division of Licensing Programs of the Department of Social Services.
- ◆ Copy of driver's license for each applicant.

REMINDER – The Pro-Child Act of 1994 prohibits smoking in certain facilities in which education, library, day care, health care and early childhood development (including WIC and Head Start) services are provided to children.

If you have any questions, please feel free to contact our office at 1-866-248-8814.

The VSBFA shall not discriminate against any loan applicant on the basis of race, color, religion (creed), gender, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation, or veteran's status.

| | | |
|--|--|---|
| <p>The information requested below is voluntary and for statistical purposes only. It will not affect the credit decision of the VSBFA.</p> | | |
| <p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male and Female</p> | <p>Race:</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> White</p> | <p>Hispanic:</p> <p><input type="checkbox"/> Yes</p> |